

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK**

**ALLSTATE INSURANCE COMPANY, ALLSTATE FIRE & CASUALTY
INSURANCE COMPANY, ALLSTATE INDEMNITY COMPANY, AND
ALLSTATE PROPERTY & CASUALTY INSURANCE COMPANY,**

PLAINTIFFS,

-against-

**TATIANA M. RYBAK, OLEG RYBAK, FABIOLA G. PERNIER AS
EXECUTOR OF THE ESTATE OF JEAN PIERRE CLAUDE PERNIER, M.D.,
FRANCOIS JULES PARISIEN, M.D., FRANCIS JOSEPH LACINA, M.D.,
KSENIA PAVLOVA, D.O., ALFORD A. SMITH, M.D., DARREN THOMAS
MOLLO, D.C., CHARLES DENG, L.AC., MARIA SHEILA BUSLON A/K/A
MARIA MASIGLA, P.T., JPC MEDICAL, P.C., JPF MEDICAL SERVICES,
P.C., JULES MEDICAL, P.C. N/K/A GIBBONS MEDICAL, P.C., JP
MEDICAL SERVICES P.C., JFL MEDICAL CARE P.C., ALLAY MEDICAL
SERVICES, P.C., FJL MEDICAL SERVICES P.C., PFJ MEDICAL CARE
P.C., RA MEDICAL SERVICES P.C., KP MEDICAL CARE P.C., ALFORD
A. SMITH MD, P.C., STRATEGIC MEDICAL INITIATIVES P.C., ACH
CHIROPRACTIC, P.C., ENERGY CHIROPRACTIC, P.C., ISLAND LIFE
CHIROPRACTIC PAIN CARE, PLLC, CHARLES DENG ACUPUNCTURE,
P.C., MSB PHYSICAL THERAPY, P.C., JOHN DOES 1 THROUGH 20, AND
ABC CORPORATIONS 1 THROUGH 20,**

DEFENDANTS.

22-CV-4441

**COMPENDIUM OF
EXHIBITS**

COMPENDIUM OF EXHIBITS TO COMPLAINT

**MORRISON MAHONEY LLP
WALL STREET PLAZA
88 PINE STREET, SUITE 1900
PHONE: 212-825-1212
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ATTORNEYS FOR PLAINTIFFS**

EXHIBIT “1”

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0398385996-02	F.P.	ACH Chiropractic PC	98940	01/11/2016-03/16/2016	2	\$26.41	Allstate Ins. Co.
0398385996-02	F.P.	ACH Chiropractic PC	98940	01/11/2016	1	\$26.41	Allstate Ins. Co.
0398385996-02	F.P.	ACH Chiropractic PC	99203	01/11/2016	1	\$54.74	Allstate Ins. Co.
0398385996-02	F.P.	ACH Chiropractic PC	98941	01/12/2016-03/14/2016	20	\$589.56	Allstate Ins. Co.
0398385996-02	F.P.	ACH Chiropractic PC	98941	01/12/2016-02/01/2016	9	\$312.12	Allstate Ins. Co.
0398385996-02	F.P.	ACH Chiropractic PC	98941	02/09/2016-03/01/2016	9	\$312.12	Allstate Ins. Co.
0398385996-02	F.P.	ACH Chiropractic PC	97012	02/10/2016-02/22/2016	2	\$23.12	Allstate Ins. Co.
0398385996-02	F.P.	ACH Chiropractic PC	97012	02/10/2016-02/22/2016	2	\$23.12	Allstate Ins. Co.
0398385996-02	F.P.	ACH Chiropractic PC	98941	03/07/2016-03/14/2016	3	\$104.04	Allstate Ins. Co.
0398385996-02	F.P.	ACH Chiropractic PC	98940	03/16/2016	1	\$26.41	Allstate Ins. Co.
0398385996-02	F.P.	ACH Chiropractic PC	99212	03/16/2016	1	\$26.41	Allstate Ins. Co.
0411304496-01	I.L.	ACH Chiropractic PC	98940	04/27/2016	1	\$26.41	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	ACH Chiropractic PC	98941	04/28/2016-05/16/2016	6	\$208.08	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	ACH Chiropractic PC	98941	05/24/2016-06/17/2016	10	\$346.80	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	ACH Chiropractic PC	97012	05/25/2016	1	\$11.56	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	ACH Chiropractic PC	98941	06/22/2016-07/14/2016	5	\$173.40	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	ACH Chiropractic PC	98941	10/19/2016-10/27/2016	4	\$138.72	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	ACH Chiropractic PC	99203	04/21/2016	1	\$54.73	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	ACH Chiropractic PC	98941	04/27/2016-05/12/2016	6	\$208.08	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	ACH Chiropractic PC	98941	05/24/2016-06/17/2016	9	\$312.12	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	ACH Chiropractic PC	98941	06/22/2016-07/14/2016	4	\$138.72	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	ACH Chiropractic PC	98941	07/21/2016-08/05/2016	6	\$208.08	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	ACH Chiropractic PC	99212	07/25/2016	1	\$26.41	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	ACH Chiropractic PC	98941	09/07/2016	1	\$34.68	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	ACH Chiropractic PC	98941	09/16/2016	1	\$34.68	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	ACH Chiropractic PC	98941	10/19/2016-10/27/2016	4	\$138.72	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	ACH Chiropractic PC	72040	10/07/2016	1	\$65.88	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	ACH Chiropractic PC	72100	10/07/2016	1	\$45.07	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	ACH Chiropractic PC	99203	10/07/2016	1	\$54.73	Allstate Fire and Cas. Ins. Co.

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i> Representative Sample of Fraudulent Claims Paid to Defendants</p>							
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0431774421-01	J.C.	ACH Chiropractic PC	98941	10/10/2016-10/17/2016	4	\$138.72	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	ACH Chiropractic PC	98940	10/26/2016-10/28/2016	3	\$79.23	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	ACH Chiropractic PC	99203	10/07/2016	1	\$54.73	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	ACH Chiropractic PC	98941	10/10/2016-10/26/2016	7	\$242.76	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	ACH Chiropractic PC	99203	10/10/2016	1	\$54.73	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	ACH Chiropractic PC	72040	10/12/2016	1	\$65.88	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	ACH Chiropractic PC	72100	10/12/2016	1	\$45.07	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	ACH Chiropractic PC	98941	10/17/2016-10/26/2016	4	\$138.72	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	ACH Chiropractic PC	72040	10/07/2016	1	\$65.88	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	ACH Chiropractic PC	72100	10/07/2016	1	\$45.07	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	ACH Chiropractic PC	99203	10/07/2016	1	\$54.73	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	ACH Chiropractic PC	98941	10/13/2016-10/24/2016	2	\$69.36	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	ACH Chiropractic PC	98940	10/22/2016-10/26/2016	2	\$52.82	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	ACH Chiropractic PC	99203	10/07/2016	1	\$54.73	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	ACH Chiropractic PC	98941	10/10/2016-10/26/2016	6	\$208.08	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	ACH Chiropractic PC	98940	10/17/2016	1	\$26.41	Allstate Fire and Cas. Ins. Co.
0434546750-02	S.B.	ACH Chiropractic PC	72040	10/20/2016	1	\$65.88	Allstate Ins. Co.
0434546750-02	S.B.	ACH Chiropractic PC	72100	10/20/2016	1	\$45.07	Allstate Ins. Co.
0434546750-02	S.B.	ACH Chiropractic PC	93740	10/20/2016	1	\$97.74	Allstate Ins. Co.
0434546750-02	S.B.	ACH Chiropractic PC	99203	10/20/2016	1	\$54.73	Allstate Ins. Co.
0434546750-02	S.B.	ACH Chiropractic PC	98941	10/21/2016-10/28/2016	3	\$104.04	Allstate Ins. Co.
0434546750-11	E.I.	ACH Chiropractic PC	93740	10/19/2016	1	\$97.74	Allstate Ins. Co.
0434546750-11	E.I.	ACH Chiropractic PC	99203	10/19/2016	1	\$54.73	Allstate Ins. Co.
0434546750-11	E.I.	ACH Chiropractic PC	72040	10/20/2016	1	\$65.88	Allstate Ins. Co.
0434546750-11	E.I.	ACH Chiropractic PC	72100	10/20/2016	1	\$45.07	Allstate Ins. Co.
0434546750-11	E.I.	ACH Chiropractic PC	98941	10/20/2016-10/28/2016	3	\$104.04	Allstate Ins. Co.
0476244595-03	J.M.	ACH Chiropractic PC	72040	10/19/2017	1	\$65.88	Allstate Ins. Co.
0476244595-03	J.M.	ACH Chiropractic PC	72100	10/19/2017	1	\$45.07	Allstate Ins. Co.
0482079902-02	S.B.	ACH Chiropractic PC	72050	11/17/2017	1	\$83.98	Allstate Fire and Cas. Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0482079902-02	S.B.	ACH Chiropractic PC	72100	11/17/2017	1	\$45.07	Allstate Fire and Cas. Ins. Co.
0482079902-02	S.B.	ACH Chiropractic PC	76499	11/28/2017	1	\$500.00	Allstate Fire and Cas. Ins. Co.
0492252812-02	S.B.	ACH Chiropractic PC	93740	02/23/2018	1	\$97.74	Allstate Ins. Co.
0492252812-02	S.B.	ACH Chiropractic PC	72100	02/28/2018	1	\$60.09	Allstate Ins. Co.
0492252812-02	S.B.	ACH Chiropractic PC	72100	03/19/2018	1	\$60.09	Allstate Ins. Co.
0492252812-02	S.B.	ACH Chiropractic PC	76499	03/19/2018	1	\$500.00	Allstate Ins. Co.
0496020934-01	E.D.	ACH Chiropractic PC	93740	03/23/2018	1	\$97.74	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	ACH Chiropractic PC	72050	03/26/2018	1	\$83.98	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	ACH Chiropractic PC	76499	03/27/2018	1	\$500.00	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	ACH Chiropractic PC	93740	03/23/2018	1	\$97.74	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	ACH Chiropractic PC	72040	03/27/2018	1	\$49.41	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	ACH Chiropractic PC	72110	03/27/2018	1	\$87.60	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	ACH Chiropractic PC	76499	03/28/2018	1	\$500.00	Allstate Fire and Cas. Ins. Co.
0509792304-01	J.F.	Alford A Smith MD PC	20999	01/14/2019	2	\$1,400.00	Allstate Fire and Cas. Ins. Co.
0509792304-01	J.F.	Alford A Smith MD PC	99215	01/14/2019	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0509792304-04	F.F.	Alford A Smith MD PC	99215	12/14/2018	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0512214957-01	R.D.	Alford A Smith MD PC	95926	11/29/2018	1	\$112.37	Allstate Fire and Cas. Ins. Co.
0512214957-01	R.D.	Alford A Smith MD PC	95927	11/29/2018	1	\$112.37	Allstate Fire and Cas. Ins. Co.
0512214957-01	R.D.	Alford A Smith MD PC	99215	12/19/2018	1	\$85.00	Allstate Fire and Cas. Ins. Co.
0512214957-01	R.D.	Alford A Smith MD PC	99215	01/09/2019	1	\$85.00	Allstate Fire and Cas. Ins. Co.
0358475275-04	C.L.	Allay Medical Services PC	99215	09/14/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0369477179-02	J.M.	Allay Medical Services PC	99215	08/28/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0370811663-03	K.B.	Allay Medical Services PC	99215	08/10/2015	1	\$148.69	Allstate Ins. Co.
0374124246-03	P.G.	Allay Medical Services PC	97750	07/27/2015	1	\$249.96	Allstate Prop. and Cas. Ins. Co.
0374124246-03	P.G.	Allay Medical Services PC	97010	09/11/2015-09/21/2015	3	\$54.75	Allstate Prop. and Cas. Ins. Co.
0374124246-03	P.G.	Allay Medical Services PC	97110	09/11/2015-09/21/2015	3	\$69.54	Allstate Prop. and Cas. Ins. Co.
0374124246-03	P.G.	Allay Medical Services PC	97124	09/11/2015-09/21/2015	3	\$60.63	Allstate Prop. and Cas. Ins. Co.
0374124246-03	P.G.	Allay Medical Services PC	97799	09/11/2015-09/21/2015	3	\$148.50	Allstate Prop. and Cas. Ins. Co.
0374124246-03	P.G.	Allay Medical Services PC	99215	09/11/2015	1	\$148.69	Allstate Prop. and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0374512275-02	B.S.	Allay Medical Services PC	95926	07/16/2015	1	\$302.12	Allstate Ins. Co.
0374512275-02	B.S.	Allay Medical Services PC	97750	07/27/2015	1	\$166.64	Allstate Ins. Co.
0374512275-02	B.S.	Allay Medical Services PC	97010	08/05/2015-08/12/2015	3	\$54.75	Allstate Ins. Co.
0374512275-02	B.S.	Allay Medical Services PC	97110	08/05/2015-08/12/2015	3	\$69.54	Allstate Ins. Co.
0374512275-02	B.S.	Allay Medical Services PC	97124	08/05/2015-08/12/2015	3	\$60.63	Allstate Ins. Co.
0374512275-02	B.S.	Allay Medical Services PC	97799	08/05/2015-08/12/2015	3	\$148.50	Allstate Ins. Co.
0374512275-02	B.S.	Allay Medical Services PC	97010	08/25/2015-08/27/2015	2	\$36.50	Allstate Ins. Co.
0374512275-02	B.S.	Allay Medical Services PC	97110	08/25/2015-08/27/2015	2	\$46.36	Allstate Ins. Co.
0374512275-02	B.S.	Allay Medical Services PC	97124	08/25/2015-08/27/2015	2	\$40.34	Allstate Ins. Co.
0374512275-02	B.S.	Allay Medical Services PC	97799	08/25/2015-08/27/2015	2	\$83.32	Allstate Ins. Co.
0374512275-02	B.S.	Allay Medical Services PC	97750	08/27/2015	1	\$208.30	Allstate Ins. Co.
0374512275-02	B.S.	Allay Medical Services PC	97010	09/01/2015-09/22/2015	5	\$91.25	Allstate Ins. Co.
0374512275-02	B.S.	Allay Medical Services PC	97110	09/01/2015-09/22/2015	5	\$115.90	Allstate Ins. Co.
0374512275-02	B.S.	Allay Medical Services PC	97124	09/01/2015-09/22/2015	5	\$101.05	Allstate Ins. Co.
0374512275-02	B.S.	Allay Medical Services PC	97799	09/01/2015-09/22/2015	5	\$208.30	Allstate Ins. Co.
0374512275-02	B.S.	Allay Medical Services PC	97010	10/05/2015-10/16/2015	3	\$18.25	Allstate Ins. Co.
0374512275-02	B.S.	Allay Medical Services PC	97110	10/05/2015-10/16/2015	3	\$23.18	Allstate Ins. Co.
0374512275-02	B.S.	Allay Medical Services PC	97124	10/05/2015-10/16/2015	3	\$20.17	Allstate Ins. Co.
0374512275-02	B.S.	Allay Medical Services PC	97799	10/05/2015-10/16/2015	3	\$41.66	Allstate Ins. Co.
0374512275-03	Z.S.	Allay Medical Services PC	95926	07/17/2015	1	\$302.12	Allstate Ins. Co.
0374512275-03	Z.S.	Allay Medical Services PC	97750	07/22/2015	1	\$166.64	Allstate Ins. Co.
0374512275-03	Z.S.	Allay Medical Services PC	97010	07/27/2015-08/12/2015	4	\$73.00	Allstate Ins. Co.
0374512275-03	Z.S.	Allay Medical Services PC	97110	07/27/2015-08/12/2015	4	\$92.72	Allstate Ins. Co.
0374512275-03	Z.S.	Allay Medical Services PC	97124	07/27/2015-08/12/2015	4	\$80.68	Allstate Ins. Co.
0374512275-03	Z.S.	Allay Medical Services PC	97799	07/27/2015-08/12/2015	4	\$198.00	Allstate Ins. Co.
0374512275-03	Z.S.	Allay Medical Services PC	99215	08/12/2015	1	\$148.69	Allstate Ins. Co.
0374512275-03	Z.S.	Allay Medical Services PC	97010	08/25/2015-08/27/2015	2	\$36.50	Allstate Ins. Co.
0374512275-03	Z.S.	Allay Medical Services PC	97110	08/25/2015-08/27/2015	2	\$46.36	Allstate Ins. Co.
0374512275-03	Z.S.	Allay Medical Services PC	97124	08/25/2015-08/27/2015	2	\$40.34	Allstate Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0374512275-03	Z.S.	Allay Medical Services PC	97799	08/25/2015-08/27/2015	2	\$83.32	Allstate Ins. Co.
0374512275-03	Z.S.	Allay Medical Services PC	97750	08/27/2015	1	\$249.96	Allstate Ins. Co.
0374512275-03	Z.S.	Allay Medical Services PC	97010	09/01/2015-09/22/2015	5	\$36.50	Allstate Ins. Co.
0374512275-03	Z.S.	Allay Medical Services PC	97110	09/01/2015-09/22/2015	5	\$46.36	Allstate Ins. Co.
0374512275-03	Z.S.	Allay Medical Services PC	97124	09/01/2015-09/22/2015	5	\$40.42	Allstate Ins. Co.
0374512275-03	Z.S.	Allay Medical Services PC	97799	09/01/2015-09/22/2015	5	\$99.00	Allstate Ins. Co.
0374512275-03	Z.S.	Allay Medical Services PC	95831	09/14/2015	1	\$218.00	Allstate Ins. Co.
0374512275-03	Z.S.	Allay Medical Services PC	95833	09/14/2015	1	\$114.32	Allstate Ins. Co.
0374512275-03	Z.S.	Allay Medical Services PC	95851	09/14/2015	1	\$137.13	Allstate Ins. Co.
0374512275-03	Z.S.	Allay Medical Services PC	97750	10/12/2015	1	\$249.96	Allstate Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	95831	07/09/2015	1	\$130.80	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	95833	07/09/2015	1	\$114.32	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	95851	07/09/2015	1	\$91.42	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	95926	07/13/2015	1	\$302.12	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	97010	07/30/2015-08/13/2015	4	\$73.00	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	97110	07/30/2015-08/13/2015	4	\$92.72	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	97124	07/30/2015-08/13/2015	4	\$80.68	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	97799	07/30/2015-08/13/2015	4	\$166.64	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	97750	08/10/2015	1	\$249.96	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	95831	08/12/2015	1	\$130.80	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	95833	08/12/2015	1	\$114.32	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	95851	08/12/2015	1	\$91.42	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	95861	08/13/2015	1	\$241.50	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	95927	08/13/2015	1	\$302.12	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	97010	08/18/2015-08/27/2015	6	\$109.50	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	97110	08/18/2015-08/27/2015	5	\$115.82	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	97124	08/18/2015-08/27/2015	6	\$121.06	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	97799	08/18/2015-08/27/2015	6	\$249.96	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	99215	08/26/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0374553048-02	E.F.	Allay Medical Services PC	97010	09/02/2015-09/24/2015	5	\$91.25	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	97110	09/02/2015-09/24/2015	5	\$115.90	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	97124	09/02/2015-09/24/2015	5	\$101.05	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	97750	09/02/2015	1	\$249.96	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	97799	09/02/2015-09/24/2015	5	\$208.30	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	99358	09/02/2015	1	\$204.41	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	97799	09/28/2015-10/21/2015	7	\$148.50	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Allay Medical Services PC	95833	11/16/2015	1	\$114.32	Allstate Fire and Cas. Ins. Co.
0375170644-02	M.R.	Allay Medical Services PC	99215	08/03/2015	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0375170644-02	M.R.	Allay Medical Services PC	99215	08/17/2015	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0375170644-02	M.R.	Allay Medical Services PC	99215	08/17/2015	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0375170644-02	M.R.	Allay Medical Services PC	99215	09/03/2015	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0375170644-02	M.R.	Allay Medical Services PC	99215	09/10/2015	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0375170644-02	M.R.	Allay Medical Services PC	99215	09/24/2015	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0375170644-04	L.A.	Allay Medical Services PC	99215	08/03/2015	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0375170644-04	L.A.	Allay Medical Services PC	99215	08/27/2015	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0375170644-04	L.A.	Allay Medical Services PC	99215	09/14/2015	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0375170644-04	L.A.	Allay Medical Services PC	20610	09/21/2015	1	\$57.26	Allstate Prop. and Cas. Ins. Co.
0376459327-01	R.G.	Allay Medical Services PC	99215	08/10/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0376459327-01	R.G.	Allay Medical Services PC	99215	08/17/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0376459327-01	R.G.	Allay Medical Services PC	20553	08/24/2015	1	\$119.10	Allstate Fire and Cas. Ins. Co.
0376459327-01	R.G.	Allay Medical Services PC	20999	08/24/2015	2	\$1,400.00	Allstate Fire and Cas. Ins. Co.
0376459327-01	R.G.	Allay Medical Services PC	99215	08/24/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0376459327-01	R.G.	Allay Medical Services PC	99215	09/02/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0376459327-01	R.G.	Allay Medical Services PC	99215	09/03/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0376459327-01	R.G.	Allay Medical Services PC	99215	09/17/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0376459327-01	R.G.	Allay Medical Services PC	20553	11/19/2015	1	\$119.10	Allstate Fire and Cas. Ins. Co.
0376459327-01	R.G.	Allay Medical Services PC	20999	11/19/2015	2	\$1,225.00	Allstate Fire and Cas. Ins. Co.
0377476239-01	L.C.	Allay Medical Services PC	99215	08/20/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0377476239-01	L.C.	Allay Medical Services PC	99215	08/24/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0377476239-01	L.C.	Allay Medical Services PC	99215	08/27/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0377476239-01	L.C.	Allay Medical Services PC	99215	09/17/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0377476239-01	L.C.	Allay Medical Services PC	99215	09/21/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0380106203-01	S.F.	Allay Medical Services PC	99244	08/17/2015	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0380106203-01	S.F.	Allay Medical Services PC	99215	08/24/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0383001823-02	D.R.	Allay Medical Services PC	99244	12/15/2015	1	\$236.94	Allstate Prop. and Cas. Ins. Co.
0383954005-01	R.S.	Allay Medical Services PC	99215	10/29/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0386951981-02	T.U.	Allay Medical Services PC	20553	10/13/2015	1	\$119.10	Allstate Ins. Co.
0386951981-02	T.U.	Allay Medical Services PC	20999	10/13/2015	2	\$2,510.00	Allstate Ins. Co.
0386951981-02	T.U.	Allay Medical Services PC	99244	10/13/2015	1	\$236.94	Allstate Ins. Co.
0387559552-01	D.D.	Allay Medical Services PC	99244	10/19/2015	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0387559552-01	D.D.	Allay Medical Services PC	99215	11/04/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0387559552-01	D.D.	Allay Medical Services PC	99215	12/29/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0388149213-04	M.C.	Allay Medical Services PC	20553	10/27/2015	1	\$119.10	Allstate Indemnity Co.
0388149213-04	M.C.	Allay Medical Services PC	20999	10/27/2015	2	\$2,275.00	Allstate Indemnity Co.
0388149213-04	M.C.	Allay Medical Services PC	99244	10/27/2015	1	\$236.94	Allstate Indemnity Co.
0388846479-01	S.L.	Allay Medical Services PC	99244	11/19/2015	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0389975136-01	J.S.	Allay Medical Services PC	20553	11/04/2015	1	\$119.10	Allstate Ins. Co.
0389975136-01	J.S.	Allay Medical Services PC	99244	11/04/2015	1	\$236.94	Allstate Ins. Co.
0391142502-07	A.F.	Allay Medical Services PC	20553	11/09/2015	1	\$119.10	Allstate Ins. Co.
0391142502-07	A.F.	Allay Medical Services PC	20999	11/09/2015	2	\$2,600.00	Allstate Ins. Co.
0391142502-07	A.F.	Allay Medical Services PC	99244	11/09/2015	1	\$236.94	Allstate Ins. Co.
0391142502-07	A.F.	Allay Medical Services PC	20553	11/16/2015	1	\$119.10	Allstate Ins. Co.
0391142502-07	A.F.	Allay Medical Services PC	20999	11/16/2015	2	\$1,400.00	Allstate Ins. Co.
0391537313-01	J.C.	Allay Medical Services PC	99244	12/30/2015	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0391594314-02	M.M.	Allay Medical Services PC	99244	11/23/2015	1	\$236.94	Allstate Ins. Co.
0391594314-02	M.M.	Allay Medical Services PC	99215	11/30/2015	1	\$148.69	Allstate Ins. Co.
0391594314-02	M.M.	Allay Medical Services PC	99215	12/07/2015	1	\$148.69	Allstate Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0391594314-02	M.M.	Allay Medical Services PC	99215	12/21/2015	1	\$148.69	Allstate Ins. Co.
0391674355-01	A.F.	Allay Medical Services PC	99244	12/11/2015	1	\$236.94	Allstate Ins. Co.
0391698619-01	D.L.	Allay Medical Services PC	99244	12/23/2015	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0391698619-02	P.M.	Allay Medical Services PC	20610	12/30/2015	1	\$57.26	Allstate Fire and Cas. Ins. Co.
0391698619-02	P.M.	Allay Medical Services PC	99244	12/30/2015	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0393580955-02	M.L.	Allay Medical Services PC	99244	12/15/2015	1	\$236.94	Allstate Ins. Co.
0394803431-02	A.D.	Allay Medical Services PC	99244	12/29/2015	1	\$236.94	Allstate Ins. Co.
0431774421-02	P.C.	Allay Medical Services PC	20552	10/24/2016	1	\$100.00	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	Allay Medical Services PC	95927	10/19/2016	1	\$302.12	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	Allay Medical Services PC	95927	10/19/2016	1	\$302.12	Allstate Fire and Cas. Ins. Co.
0189544090-01	J.T.	Charles Deng Acupuncture PC	97810	01/11/2011-03/01/2011	13	\$246.24	Allstate Ins. Co.
0189544090-01	J.T.	Charles Deng Acupuncture PC	99203	01/11/2011	1	\$80.00	Allstate Ins. Co.
0189544090-01	J.T.	Charles Deng Acupuncture PC	97810	03/17/2011-04/13/2011	4	\$82.08	Allstate Ins. Co.
0191030063-03	F.C.	Charles Deng Acupuncture PC	97810	02/07/2011-02/21/2011	7	\$143.64	Allstate Prop. and Cas. Ins. Co.
0191030063-03	F.C.	Charles Deng Acupuncture PC	99203	02/07/2011	1	\$80.00	Allstate Prop. and Cas. Ins. Co.
0191030063-03	F.C.	Charles Deng Acupuncture PC	97810	02/22/2011-03/01/2011	4	\$82.08	Allstate Prop. and Cas. Ins. Co.
0191030063-03	F.C.	Charles Deng Acupuncture PC	99213	02/22/2011	1	\$70.00	Allstate Prop. and Cas. Ins. Co.
0191030063-03	F.C.	Charles Deng Acupuncture PC	97810	03/02/2011-03/28/2011	10	\$205.20	Allstate Prop. and Cas. Ins. Co.
0191030063-03	F.C.	Charles Deng Acupuncture PC	97810	03/29/2011-04/12/2011	7	\$143.64	Allstate Prop. and Cas. Ins. Co.
0191030063-03	F.C.	Charles Deng Acupuncture PC	97810	04/13/2011-05/24/2011	17	\$348.84	Allstate Prop. and Cas. Ins. Co.
0191030063-03	F.C.	Charles Deng Acupuncture PC	97810	05/25/2011-07/07/2011	18	\$41.04	Allstate Prop. and Cas. Ins. Co.
0191030063-03	F.C.	Charles Deng Acupuncture PC	99213	05/25/2011	1	\$63.58	Allstate Prop. and Cas. Ins. Co.
0191030063-08	S.G.	Charles Deng Acupuncture PC	97810	02/07/2011-02/21/2011	9	\$184.68	Allstate Prop. and Cas. Ins. Co.
0191030063-08	S.G.	Charles Deng Acupuncture PC	99203	02/07/2011	1	\$80.00	Allstate Prop. and Cas. Ins. Co.
0191030063-08	S.G.	Charles Deng Acupuncture PC	97810	03/07/2011-03/28/2011	10	\$205.20	Allstate Prop. and Cas. Ins. Co.
0191030063-08	S.G.	Charles Deng Acupuncture PC	97810	03/29/2011-04/12/2011	7	\$143.64	Allstate Prop. and Cas. Ins. Co.
0191030063-08	S.G.	Charles Deng Acupuncture PC	97810	05/31/2011-06/13/2011	7	\$41.04	Allstate Prop. and Cas. Ins. Co.
0191030063-08	S.G.	Charles Deng Acupuncture PC	97811	05/31/2011-06/13/2011	7	\$70.28	Allstate Prop. and Cas. Ins. Co.
0192991008-08	S.S.	Charles Deng Acupuncture PC	97810	04/15/2011	1	\$20.52	Allstate Indemnity Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0192991008-08	S.S.	Charles Deng Acupuncture PC	97811	04/15/2011	1	\$17.57	Allstate Indemnity Co.
0193363124-05	J.J.	Charles Deng Acupuncture PC	97810	02/08/2011-03/14/2011	16	\$307.80	Allstate Prop. and Cas. Ins. Co.
0193363124-05	J.J.	Charles Deng Acupuncture PC	99203	02/08/2011	1	\$54.74	Allstate Prop. and Cas. Ins. Co.
0193363124-05	J.J.	Charles Deng Acupuncture PC	97810	03/15/2011-04/12/2011	12	\$246.24	Allstate Prop. and Cas. Ins. Co.
0193363124-05	J.J.	Charles Deng Acupuncture PC	97810	04/13/2011-05/24/2011	18	\$328.32	Allstate Prop. and Cas. Ins. Co.
0193363124-06	G.P.	Charles Deng Acupuncture PC	97810	02/09/2011-02/28/2011	9	\$164.16	Allstate Prop. and Cas. Ins. Co.
0193363124-06	G.P.	Charles Deng Acupuncture PC	99203	02/09/2011	1	\$54.74	Allstate Prop. and Cas. Ins. Co.
0193363124-06	G.P.	Charles Deng Acupuncture PC	97810	03/02/2011-03/08/2011	5	\$102.60	Allstate Prop. and Cas. Ins. Co.
0193363124-06	G.P.	Charles Deng Acupuncture PC	97810	03/10/2011-04/13/2011	10	\$205.20	Allstate Prop. and Cas. Ins. Co.
0193363124-06	G.P.	Charles Deng Acupuncture PC	97810	04/18/2011-05/04/2011	8	\$41.04	Allstate Prop. and Cas. Ins. Co.
0193363124-06	G.P.	Charles Deng Acupuncture PC	97811	04/18/2011-05/04/2011	8	\$35.14	Allstate Prop. and Cas. Ins. Co.
0195846332-01	D.S.	Charles Deng Acupuncture PC	97810	03/21/2011-04/13/2011	12	\$246.24	Allstate Ins. Co.
0195846332-01	D.S.	Charles Deng Acupuncture PC	99203	03/21/2011	1	\$54.74	Allstate Ins. Co.
0195846332-01	D.S.	Charles Deng Acupuncture PC	97810	04/19/2011-05/02/2011	4	\$82.08	Allstate Ins. Co.
0195846332-01	D.S.	Charles Deng Acupuncture PC	97811	04/19/2011-05/02/2011	4	\$70.28	Allstate Ins. Co.
0195846332-01	D.S.	Charles Deng Acupuncture PC	97810	07/01/2011	1	\$20.52	Allstate Ins. Co.
0195846332-01	D.S.	Charles Deng Acupuncture PC	97811	07/01/2011	1	\$17.57	Allstate Ins. Co.
0195846332-01	D.S.	Charles Deng Acupuncture PC	97810	07/22/2011-08/09/2011	3	\$41.04	Allstate Ins. Co.
0195846332-01	D.S.	Charles Deng Acupuncture PC	97811	07/22/2011-08/09/2011	3	\$35.14	Allstate Ins. Co.
0196167787-02	R.B.	Charles Deng Acupuncture PC	97810	04/01/2011-04/13/2011	3	\$71.04	Allstate Prop. and Cas. Ins. Co.
0196167787-02	R.B.	Charles Deng Acupuncture PC	99203	04/01/2011	1	\$48.03	Allstate Prop. and Cas. Ins. Co.
0196676050-03	J.J.	Charles Deng Acupuncture PC	97810	05/10/2011-05/24/2011	6	\$123.12	Allstate Indemnity Co.
0196676050-03	J.J.	Charles Deng Acupuncture PC	97811	05/10/2011-05/24/2011	6	\$210.84	Allstate Indemnity Co.
0196676050-03	J.J.	Charles Deng Acupuncture PC	97810	06/20/2011-07/06/2011	3	\$61.56	Allstate Indemnity Co.
0196676050-03	J.J.	Charles Deng Acupuncture PC	97811	06/20/2011-07/06/2011	3	\$52.71	Allstate Indemnity Co.
0196676050-03	J.J.	Charles Deng Acupuncture PC	97810	07/25/2011-08/02/2011	6	\$123.12	Allstate Indemnity Co.
0196676050-03	J.J.	Charles Deng Acupuncture PC	97811	07/25/2011-08/02/2011	6	\$105.42	Allstate Indemnity Co.
0204726103-01	A.C.	Charles Deng Acupuncture PC	97810	05/31/2011-06/29/2011	13	\$246.24	Allstate Prop. and Cas. Ins. Co.
0204726103-01	A.C.	Charles Deng Acupuncture PC	97811	05/31/2011-06/29/2011	13	\$421.68	Allstate Prop. and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0204726103-01	A.C.	Charles Deng Acupuncture PC	99203	05/31/2011	1	\$78.03	Allstate Prop. and Cas. Ins. Co.
0204726103-01	A.C.	Charles Deng Acupuncture PC	97810	06/30/2011-07/07/2011	4	\$82.08	Allstate Prop. and Cas. Ins. Co.
0204726103-01	A.C.	Charles Deng Acupuncture PC	97811	06/30/2011-07/07/2011	4	\$140.56	Allstate Prop. and Cas. Ins. Co.
0204726103-01	A.C.	Charles Deng Acupuncture PC	97810	07/08/2011-07/28/2011	10	\$205.20	Allstate Prop. and Cas. Ins. Co.
0204726103-01	A.C.	Charles Deng Acupuncture PC	97810	08/02/2011-08/17/2011	7	\$143.64	Allstate Prop. and Cas. Ins. Co.
0205197642-01	G.D.	Charles Deng Acupuncture PC	97810	06/14/2011-06/29/2011	7	\$123.12	Allstate Prop. and Cas. Ins. Co.
0205197642-01	G.D.	Charles Deng Acupuncture PC	99203	06/14/2011	1	\$78.03	Allstate Prop. and Cas. Ins. Co.
0205197642-01	G.D.	Charles Deng Acupuncture PC	97810	07/05/2011	1	\$20.52	Allstate Prop. and Cas. Ins. Co.
0205197642-01	G.D.	Charles Deng Acupuncture PC	97810	07/11/2011-08/05/2011	6	\$123.12	Allstate Prop. and Cas. Ins. Co.
0208669697-03	J.S.	Charles Deng Acupuncture PC	97810	06/20/2011-07/05/2011	6	\$123.12	Allstate Ins. Co.
0208669697-03	J.S.	Charles Deng Acupuncture PC	97811	06/20/2011-07/05/2011	6	\$210.84	Allstate Ins. Co.
0208669697-03	J.S.	Charles Deng Acupuncture PC	97810	07/08/2011-07/29/2011	8	\$164.16	Allstate Ins. Co.
0208669697-03	J.S.	Charles Deng Acupuncture PC	97811	07/08/2011-07/29/2011	8	\$281.12	Allstate Ins. Co.
0208669697-03	J.S.	Charles Deng Acupuncture PC	97810	08/09/2011-08/23/2011	3	\$61.56	Allstate Ins. Co.
0208669697-03	J.S.	Charles Deng Acupuncture PC	97811	08/09/2011-08/23/2011	3	\$105.42	Allstate Ins. Co.
0210577441-04	P.P.	Charles Deng Acupuncture PC	97810	07/18/2011-08/08/2011	8	\$164.16	Allstate Ins. Co.
0210577441-04	P.P.	Charles Deng Acupuncture PC	97811	07/18/2011-08/08/2011	8	\$140.56	Allstate Ins. Co.
0210577441-04	P.P.	Charles Deng Acupuncture PC	99203	07/18/2011	1	\$39.94	Allstate Ins. Co.
0210577441-04	P.P.	Charles Deng Acupuncture PC	97810	08/12/2011-08/19/2011	4	\$82.08	Allstate Ins. Co.
0210577441-04	P.P.	Charles Deng Acupuncture PC	97811	08/12/2011-08/19/2011	4	\$70.28	Allstate Ins. Co.
0210577441-04	P.P.	Charles Deng Acupuncture PC	97810	09/13/2011-10/24/2011	16	\$328.32	Allstate Ins. Co.
0210577441-04	P.P.	Charles Deng Acupuncture PC	97811	09/13/2011-10/24/2011	16	\$281.12	Allstate Ins. Co.
0210577441-05	F.P.	Charles Deng Acupuncture PC	97810	07/18/2011-08/08/2011	8	\$164.16	Allstate Ins. Co.
0210577441-05	F.P.	Charles Deng Acupuncture PC	97811	07/18/2011-08/08/2011	8	\$193.27	Allstate Ins. Co.
0210577441-05	F.P.	Charles Deng Acupuncture PC	99203	07/18/2011	1	\$39.94	Allstate Ins. Co.
0210577441-05	F.P.	Charles Deng Acupuncture PC	97810	08/12/2011-08/19/2011	4	\$82.08	Allstate Ins. Co.
0210577441-05	F.P.	Charles Deng Acupuncture PC	97811	08/12/2011-08/19/2011	4	\$70.28	Allstate Ins. Co.
0210577441-05	F.P.	Charles Deng Acupuncture PC	97810	09/13/2011-10/04/2011	10	\$205.20	Allstate Ins. Co.
0210577441-05	F.P.	Charles Deng Acupuncture PC	97811	09/13/2011-10/04/2011	10	\$175.70	Allstate Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0210577441-05	F.P.	Charles Deng Acupuncture PC	97810	10/05/2011-10/28/2011	10	\$205.20	Allstate Ins. Co.
0210577441-05	F.P.	Charles Deng Acupuncture PC	97811	10/05/2011-10/28/2011	10	\$175.70	Allstate Ins. Co.
0211701685-05	J.L.	Charles Deng Acupuncture PC	97810	08/01/2011-08/17/2011	7	\$143.64	Allstate Prop. and Cas. Ins. Co.
0211701685-05	J.L.	Charles Deng Acupuncture PC	97811	08/01/2011-08/17/2011	7	\$245.98	Allstate Prop. and Cas. Ins. Co.
0211701685-05	J.L.	Charles Deng Acupuncture PC	97810	08/19/2011-09/09/2011	7	\$143.64	Allstate Prop. and Cas. Ins. Co.
0211701685-05	J.L.	Charles Deng Acupuncture PC	97811	08/19/2011-09/09/2011	7	\$245.98	Allstate Prop. and Cas. Ins. Co.
0211701685-05	J.L.	Charles Deng Acupuncture PC	97810	09/14/2011-10/26/2011	7	\$143.64	Allstate Prop. and Cas. Ins. Co.
0211701685-05	J.L.	Charles Deng Acupuncture PC	97811	09/14/2011-10/26/2011	7	\$122.99	Allstate Prop. and Cas. Ins. Co.
0211701685-06	C.L.	Charles Deng Acupuncture PC	97810	08/02/2011-09/09/2011	12	\$246.24	Allstate Prop. and Cas. Ins. Co.
0211701685-06	C.L.	Charles Deng Acupuncture PC	97811	08/02/2011-09/09/2011	12	\$210.84	Allstate Prop. and Cas. Ins. Co.
0211701685-06	C.L.	Charles Deng Acupuncture PC	97810	09/14/2011-10/26/2011	4	\$82.08	Allstate Prop. and Cas. Ins. Co.
0211701685-06	C.L.	Charles Deng Acupuncture PC	97811	09/14/2011-10/26/2011	4	\$70.28	Allstate Prop. and Cas. Ins. Co.
0212571806-03	A.D.	Charles Deng Acupuncture PC	99203	07/28/2011	1	\$80.00	Allstate Ins. Co.
0212571806-03	A.D.	Charles Deng Acupuncture PC	97810	08/16/2011-09/09/2011	10	\$205.20	Allstate Ins. Co.
0212571806-03	A.D.	Charles Deng Acupuncture PC	97811	08/16/2011-09/09/2011	10	\$298.69	Allstate Ins. Co.
0212571806-03	A.D.	Charles Deng Acupuncture PC	97810	09/12/2011-10/12/2011	10	\$205.20	Allstate Ins. Co.
0212571806-03	A.D.	Charles Deng Acupuncture PC	97811	09/12/2011-10/12/2011	10	\$245.98	Allstate Ins. Co.
0212571806-03	A.D.	Charles Deng Acupuncture PC	97810	10/14/2011	1	\$20.52	Allstate Ins. Co.
0212571806-03	A.D.	Charles Deng Acupuncture PC	97811	10/14/2011	1	\$35.14	Allstate Ins. Co.
0212571806-03	A.D.	Charles Deng Acupuncture PC	99213	10/14/2011	1	\$70.00	Allstate Ins. Co.
0214337768-03	S.L.	Charles Deng Acupuncture PC	97810	07/27/2011-09/07/2011	11	\$225.72	Allstate Prop. and Cas. Ins. Co.
0214337768-03	S.L.	Charles Deng Acupuncture PC	97811	07/27/2011-09/07/2011	11	\$193.27	Allstate Prop. and Cas. Ins. Co.
0214337768-03	S.L.	Charles Deng Acupuncture PC	99203	07/27/2011	1	\$54.74	Allstate Prop. and Cas. Ins. Co.
0214337768-03	S.L.	Charles Deng Acupuncture PC	97810	09/15/2011-10/10/2011	4	\$82.08	Allstate Prop. and Cas. Ins. Co.
0214337768-03	S.L.	Charles Deng Acupuncture PC	97811	09/15/2011-10/10/2011	4	\$70.28	Allstate Prop. and Cas. Ins. Co.
0214337768-03	S.L.	Charles Deng Acupuncture PC	97810	11/14/2011-12/21/2011	11	\$225.72	Allstate Prop. and Cas. Ins. Co.
0214337768-03	S.L.	Charles Deng Acupuncture PC	97811	11/14/2011-12/21/2011	11	\$193.27	Allstate Prop. and Cas. Ins. Co.
0217120120-03	Y.B.	Charles Deng Acupuncture PC	97810	09/15/2011-10/20/2011	9	\$143.64	Allstate Ins. Co.
0217120120-03	Y.B.	Charles Deng Acupuncture PC	97811	09/15/2011-10/20/2011	8	\$105.42	Allstate Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0217120120-03	Y.B.	Charles Deng Acupuncture PC	99203	09/15/2011	1	\$54.74	Allstate Ins. Co.
0217120120-03	Y.B.	Charles Deng Acupuncture PC	99213	10/18/2011	1	\$63.58	Allstate Ins. Co.
0217120120-03	Y.B.	Charles Deng Acupuncture PC	97810	11/10/2011-12/23/2011	9	\$184.68	Allstate Ins. Co.
0217120120-03	Y.B.	Charles Deng Acupuncture PC	97811	11/10/2011-12/23/2011	9	\$158.13	Allstate Ins. Co.
0223443532-06	Y.P.	Charles Deng Acupuncture PC	97810	10/31/2011-11/09/2011	4	\$82.08	Allstate Prop. and Cas. Ins. Co.
0223443532-06	Y.P.	Charles Deng Acupuncture PC	97811	10/31/2011-11/09/2011	4	\$70.28	Allstate Prop. and Cas. Ins. Co.
0223443532-06	Y.P.	Charles Deng Acupuncture PC	99203	10/31/2011	1	\$54.74	Allstate Prop. and Cas. Ins. Co.
0223443532-06	Y.P.	Charles Deng Acupuncture PC	97810	11/17/2011-12/23/2011	17	\$348.84	Allstate Prop. and Cas. Ins. Co.
0223443532-06	Y.P.	Charles Deng Acupuncture PC	97811	11/17/2011-12/23/2011	17	\$298.69	Allstate Prop. and Cas. Ins. Co.
0223443532-07	B.B.	Charles Deng Acupuncture PC	97810	11/01/2011-11/10/2011	5	\$82.08	Allstate Prop. and Cas. Ins. Co.
0223443532-07	B.B.	Charles Deng Acupuncture PC	99203	11/01/2011	1	\$78.03	Allstate Prop. and Cas. Ins. Co.
0223443532-07	B.B.	Charles Deng Acupuncture PC	97810	11/15/2011-12/16/2011	11	\$225.72	Allstate Prop. and Cas. Ins. Co.
0227297040-03	M.A.	Charles Deng Acupuncture PC	97810	02/23/2012	1	\$20.52	Allstate Ins. Co.
0227297040-03	M.A.	Charles Deng Acupuncture PC	97811	02/23/2012	1	\$35.14	Allstate Ins. Co.
0228760237-01	K.L.	Charles Deng Acupuncture PC	97810	12/20/2011-01/19/2012	11	\$225.72	Allstate Prop. and Cas. Ins. Co.
0228760237-01	K.L.	Charles Deng Acupuncture PC	97811	12/20/2011-01/19/2012	11	\$196.04	Allstate Prop. and Cas. Ins. Co.
0228760237-01	K.L.	Charles Deng Acupuncture PC	99203	12/20/2011	1	\$54.74	Allstate Prop. and Cas. Ins. Co.
0228760237-01	K.L.	Charles Deng Acupuncture PC	97810	01/26/2012-03/06/2012	12	\$246.24	Allstate Prop. and Cas. Ins. Co.
0228760237-01	K.L.	Charles Deng Acupuncture PC	97811	01/26/2012-03/06/2012	12	\$421.68	Allstate Prop. and Cas. Ins. Co.
0228760237-01	K.L.	Charles Deng Acupuncture PC	97810	03/09/2012-04/09/2012	6	\$123.12	Allstate Prop. and Cas. Ins. Co.
0228760237-01	K.L.	Charles Deng Acupuncture PC	97811	03/09/2012-04/09/2012	6	\$193.27	Allstate Prop. and Cas. Ins. Co.
0228760237-01	K.L.	Charles Deng Acupuncture PC	97810	04/23/2012-04/25/2012	2	\$41.04	Allstate Prop. and Cas. Ins. Co.
0228760237-01	K.L.	Charles Deng Acupuncture PC	97811	04/23/2012-04/25/2012	2	\$35.14	Allstate Prop. and Cas. Ins. Co.
0229571665-03	S.F.	Charles Deng Acupuncture PC	97810	12/27/2011-01/26/2012	3	\$41.04	Allstate Ins. Co.
0229571665-03	S.F.	Charles Deng Acupuncture PC	97811	12/27/2011-01/26/2012	3	\$35.14	Allstate Ins. Co.
0229571665-03	S.F.	Charles Deng Acupuncture PC	99203	12/27/2011	1	\$54.74	Allstate Ins. Co.
0229571665-03	S.F.	Charles Deng Acupuncture PC	97810	02/29/2012	1	\$20.52	Allstate Ins. Co.
0229571665-03	S.F.	Charles Deng Acupuncture PC	97811	02/29/2012	1	\$17.57	Allstate Ins. Co.
0229571665-03	S.F.	Charles Deng Acupuncture PC	97810	04/23/2012-05/02/2012	2	\$20.52	Allstate Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0229571665-03	S.F.	Charles Deng Acupuncture PC	97811	04/23/2012-05/02/2012	2	\$17.57	Allstate Ins. Co.
0230271157-01	B.M.	Charles Deng Acupuncture PC	97810	01/10/2012-02/08/2012	9	\$184.68	Allstate Ins. Co.
0230271157-01	B.M.	Charles Deng Acupuncture PC	99203	01/10/2012	1	\$54.74	Allstate Ins. Co.
0230271157-01	B.M.	Charles Deng Acupuncture PC	97811	01/24/2012-01/26/2012	2	\$35.14	Allstate Ins. Co.
0230271157-01	B.M.	Charles Deng Acupuncture PC	97810	02/10/2012-03/07/2012	10	\$205.20	Allstate Ins. Co.
0230271157-01	B.M.	Charles Deng Acupuncture PC	97810	03/19/2012-04/11/2012	9	\$184.68	Allstate Ins. Co.
0230271157-01	B.M.	Charles Deng Acupuncture PC	99213	03/19/2012	1	\$26.41	Allstate Ins. Co.
0230271157-01	B.M.	Charles Deng Acupuncture PC	97810	04/17/2012-05/03/2012	4	\$41.04	Allstate Ins. Co.
0230271157-01	B.M.	Charles Deng Acupuncture PC	97810	04/23/2012	1	\$20.52	Allstate Ins. Co.
0230271157-06	R.M.	Charles Deng Acupuncture PC	97810	01/12/2012-02/08/2012	10	\$205.20	Allstate Ins. Co.
0230271157-06	R.M.	Charles Deng Acupuncture PC	99203	01/12/2012	1	\$54.74	Allstate Ins. Co.
0230271157-06	R.M.	Charles Deng Acupuncture PC	97810	02/13/2012-02/22/2012	5	\$102.60	Allstate Ins. Co.
0230271157-06	R.M.	Charles Deng Acupuncture PC	97810	03/14/2012-03/27/2012	3	\$61.56	Allstate Ins. Co.
0230271157-06	R.M.	Charles Deng Acupuncture PC	99213	03/14/2012	1	\$26.41	Allstate Ins. Co.
0230271157-06	R.M.	Charles Deng Acupuncture PC	97811	03/27/2012	1	\$17.57	Allstate Ins. Co.
0230271157-07	B.M.	Charles Deng Acupuncture PC	97810	02/10/2012-02/22/2012	7	\$143.64	Allstate Ins. Co.
0230271157-07	B.M.	Charles Deng Acupuncture PC	97810	03/26/2012-03/27/2012	2	\$41.04	Allstate Ins. Co.
0230710758-01	M.G.	Charles Deng Acupuncture PC	97810	12/12/2011-01/20/2012	16	\$307.80	Allstate Prop. and Cas. Ins. Co.
0230710758-01	M.G.	Charles Deng Acupuncture PC	97811	12/12/2011-01/20/2012	16	\$527.10	Allstate Prop. and Cas. Ins. Co.
0230710758-01	M.G.	Charles Deng Acupuncture PC	99203	12/12/2011	1	\$78.03	Allstate Prop. and Cas. Ins. Co.
0230710758-01	M.G.	Charles Deng Acupuncture PC	97810	01/25/2012-03/01/2012	14	\$287.28	Allstate Prop. and Cas. Ins. Co.
0230710758-01	M.G.	Charles Deng Acupuncture PC	97811	01/25/2012-03/01/2012	14	\$245.98	Allstate Prop. and Cas. Ins. Co.
0230710758-01	M.G.	Charles Deng Acupuncture PC	97810	03/07/2012-04/04/2012	13	\$266.76	Allstate Prop. and Cas. Ins. Co.
0230710758-01	M.G.	Charles Deng Acupuncture PC	97811	03/07/2012-04/04/2012	13	\$316.26	Allstate Prop. and Cas. Ins. Co.
0230710758-01	M.G.	Charles Deng Acupuncture PC	99213	03/07/2012	1	\$26.41	Allstate Prop. and Cas. Ins. Co.
0230710758-01	M.G.	Charles Deng Acupuncture PC	97810	04/11/2012-04/25/2012	4	\$82.08	Allstate Prop. and Cas. Ins. Co.
0230710758-01	M.G.	Charles Deng Acupuncture PC	97811	04/11/2012-04/25/2012	4	\$70.28	Allstate Prop. and Cas. Ins. Co.
0231928466-01	G.M.	Charles Deng Acupuncture PC	97810	01/19/2012-03/07/2012	18	\$348.84	Allstate Prop. and Cas. Ins. Co.
0231928466-01	G.M.	Charles Deng Acupuncture PC	99203	01/19/2012	1	\$54.74	Allstate Prop. and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0231928466-01	G.M.	Charles Deng Acupuncture PC	97810	03/07/2012-04/10/2012	10	\$184.68	Allstate Prop. and Cas. Ins. Co.
0231928466-01	G.M.	Charles Deng Acupuncture PC	99213	03/13/2012	1	\$33.70	Allstate Prop. and Cas. Ins. Co.
0232367730-01	L.C.	Charles Deng Acupuncture PC	97810	01/26/2012-02/24/2012	8	\$164.16	Allstate Prop. and Cas. Ins. Co.
0232367730-01	L.C.	Charles Deng Acupuncture PC	97811	01/26/2012-02/24/2012	8	\$125.76	Allstate Prop. and Cas. Ins. Co.
0232367730-01	L.C.	Charles Deng Acupuncture PC	99203	01/26/2012	1	\$54.74	Allstate Prop. and Cas. Ins. Co.
0232367730-06	D.D.	Charles Deng Acupuncture PC	97810	01/26/2012-02/29/2012	5	\$102.60	Allstate Prop. and Cas. Ins. Co.
0232367730-06	D.D.	Charles Deng Acupuncture PC	97811	01/26/2012-02/29/2012	5	\$73.05	Allstate Prop. and Cas. Ins. Co.
0232367730-06	D.D.	Charles Deng Acupuncture PC	99203	01/26/2012	1	\$54.74	Allstate Prop. and Cas. Ins. Co.
0232367730-09	S.J.	Charles Deng Acupuncture PC	97810	01/17/2012-02/28/2012	10	\$205.20	Allstate Prop. and Cas. Ins. Co.
0232367730-09	S.J.	Charles Deng Acupuncture PC	97811	01/17/2012-02/28/2012	10	\$351.40	Allstate Prop. and Cas. Ins. Co.
0232367730-09	S.J.	Charles Deng Acupuncture PC	99203	01/17/2012	1	\$54.74	Allstate Prop. and Cas. Ins. Co.
0232367730-09	S.J.	Charles Deng Acupuncture PC	97810	03/07/2012-03/21/2012	2	\$41.04	Allstate Prop. and Cas. Ins. Co.
0232367730-09	S.J.	Charles Deng Acupuncture PC	97811	03/07/2012-03/21/2012	2	\$35.14	Allstate Prop. and Cas. Ins. Co.
0232367730-09	S.J.	Charles Deng Acupuncture PC	99213	03/07/2012	1	\$26.41	Allstate Prop. and Cas. Ins. Co.
0232442087-03	A.L.	Charles Deng Acupuncture PC	97810	01/24/2012-02/15/2012	10	\$205.20	Allstate Ins. Co.
0232442087-03	A.L.	Charles Deng Acupuncture PC	97811	01/24/2012-02/15/2012	10	\$351.40	Allstate Ins. Co.
0232442087-03	A.L.	Charles Deng Acupuncture PC	99203	01/24/2012	1	\$54.74	Allstate Ins. Co.
0232442087-03	A.L.	Charles Deng Acupuncture PC	97810	02/17/2012-03/02/2012	5	\$102.60	Allstate Ins. Co.
0232442087-03	A.L.	Charles Deng Acupuncture PC	97811	02/17/2012-03/02/2012	5	\$175.70	Allstate Ins. Co.
0232442087-03	A.L.	Charles Deng Acupuncture PC	97810	03/08/2012-04/09/2012	12	\$246.24	Allstate Ins. Co.
0232442087-03	A.L.	Charles Deng Acupuncture PC	97811	03/08/2012-04/09/2012	12	\$421.68	Allstate Ins. Co.
0232442087-03	A.L.	Charles Deng Acupuncture PC	99213	03/08/2012	1	\$54.74	Allstate Ins. Co.
0237989108-03	E.E.	Charles Deng Acupuncture PC	97810	03/19/2012-04/16/2012	8	\$164.16	Allstate Prop. and Cas. Ins. Co.
0237989108-03	E.E.	Charles Deng Acupuncture PC	97811	03/19/2012-04/16/2012	8	\$140.56	Allstate Prop. and Cas. Ins. Co.
0237989108-03	E.E.	Charles Deng Acupuncture PC	97810	05/18/2012	1	\$20.52	Allstate Prop. and Cas. Ins. Co.
0237989108-03	E.E.	Charles Deng Acupuncture PC	97811	05/18/2012	1	\$17.57	Allstate Prop. and Cas. Ins. Co.
0240366203-03	O.L.	Charles Deng Acupuncture PC	97810	04/09/2012-05/15/2012	12	\$246.24	Allstate Prop. and Cas. Ins. Co.
0240366203-03	O.L.	Charles Deng Acupuncture PC	97811	04/09/2012-05/15/2012	12	\$210.84	Allstate Prop. and Cas. Ins. Co.
0240366203-03	O.L.	Charles Deng Acupuncture PC	99203	04/09/2012	1	\$80.00	Allstate Prop. and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0240366203-03	O.L.	Charles Deng Acupuncture PC	97810	06/04/2012-07/10/2012	9	\$184.68	Allstate Prop. and Cas. Ins. Co.
0240366203-03	O.L.	Charles Deng Acupuncture PC	97811	06/04/2012-07/10/2012	9	\$158.13	Allstate Prop. and Cas. Ins. Co.
0241444553-05	K.L.	Charles Deng Acupuncture PC	97810	04/16/2012	1	\$20.52	Allstate Fire and Cas. Ins. Co.
0241444553-05	K.L.	Charles Deng Acupuncture PC	97811	04/16/2012	1	\$17.57	Allstate Fire and Cas. Ins. Co.
0241444553-05	K.L.	Charles Deng Acupuncture PC	99203	04/16/2012	1	\$54.74	Allstate Fire and Cas. Ins. Co.
0246761522-01	D.H.	Charles Deng Acupuncture PC	97810	06/04/2012-07/02/2012	11	\$225.72	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Charles Deng Acupuncture PC	97811	06/04/2012-07/02/2012	11	\$193.27	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Charles Deng Acupuncture PC	99203	06/04/2012	1	\$54.74	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Charles Deng Acupuncture PC	97810	07/03/2012-07/17/2012	4	\$82.08	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Charles Deng Acupuncture PC	97811	07/03/2012-07/17/2012	4	\$70.28	Allstate Prop. and Cas. Ins. Co.
0246847370-04	M.F.	Charles Deng Acupuncture PC	97810	05/18/2012-06/13/2012	12	\$246.24	Allstate Ins. Co.
0246847370-04	M.F.	Charles Deng Acupuncture PC	97811	05/18/2012-06/13/2012	12	\$210.84	Allstate Ins. Co.
0246847370-04	M.F.	Charles Deng Acupuncture PC	97810	08/15/2012	1	\$20.52	Allstate Ins. Co.
0246847370-04	M.F.	Charles Deng Acupuncture PC	97811	08/15/2012	1	\$17.57	Allstate Ins. Co.
0246847370-05	W.J.	Charles Deng Acupuncture PC	97810	05/22/2012-06/14/2012	10	\$205.20	Allstate Ins. Co.
0246847370-05	W.J.	Charles Deng Acupuncture PC	97811	05/22/2012-06/14/2012	10	\$175.70	Allstate Ins. Co.
0246847370-05	W.J.	Charles Deng Acupuncture PC	97810	06/18/2012-07/18/2012	11	\$225.72	Allstate Ins. Co.
0246847370-05	W.J.	Charles Deng Acupuncture PC	97811	06/18/2012-07/16/2012	10	\$175.70	Allstate Ins. Co.
0246847370-05	W.J.	Charles Deng Acupuncture PC	97810	07/24/2012-08/09/2012	4	\$82.08	Allstate Ins. Co.
0247042302-01	B.B.	Charles Deng Acupuncture PC	97810	06/28/2012-07/30/2012	13	\$266.76	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Charles Deng Acupuncture PC	97811	06/28/2012-07/30/2012	13	\$228.41	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Charles Deng Acupuncture PC	99203	06/28/2012	1	\$54.74	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Charles Deng Acupuncture PC	97810	08/01/2012-08/24/2012	6	\$123.12	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Charles Deng Acupuncture PC	97811	08/01/2012-08/24/2012	6	\$105.42	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Charles Deng Acupuncture PC	97810	08/27/2012-10/02/2012	11	\$225.72	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Charles Deng Acupuncture PC	97810	10/09/2012-11/13/2012	5	\$61.56	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Charles Deng Acupuncture PC	97811	10/09/2012-11/13/2012	5	\$52.71	Allstate Fire and Cas. Ins. Co.
0247385354-01	J.E.	Charles Deng Acupuncture PC	97810	06/07/2012-07/10/2012	11	\$225.72	Allstate Ins. Co.
0247385354-01	J.E.	Charles Deng Acupuncture PC	97811	06/07/2012-07/10/2012	11	\$193.27	Allstate Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0247385354-01	J.E.	Charles Deng Acupuncture PC	97810	07/11/2012-07/18/2012	4	\$82.08	Allstate Ins. Co.
0247385354-01	J.E.	Charles Deng Acupuncture PC	97811	07/11/2012-07/18/2012	4	\$70.28	Allstate Ins. Co.
0247385354-01	J.E.	Charles Deng Acupuncture PC	97810	07/19/2012-08/23/2012	11	\$225.72	Allstate Ins. Co.
0247385354-01	J.E.	Charles Deng Acupuncture PC	97811	07/19/2012-08/23/2012	11	\$193.27	Allstate Ins. Co.
0247385354-01	J.E.	Charles Deng Acupuncture PC	97810	08/29/2012-10/03/2012	12	\$246.24	Allstate Ins. Co.
0247385354-01	J.E.	Charles Deng Acupuncture PC	97811	08/29/2012-10/03/2012	12	\$210.84	Allstate Ins. Co.
0247385354-01	J.E.	Charles Deng Acupuncture PC	97810	10/12/2012-10/25/2012	5	\$61.56	Allstate Ins. Co.
0247385354-01	J.E.	Charles Deng Acupuncture PC	97811	10/12/2012-10/25/2012	5	\$52.71	Allstate Ins. Co.
0247385354-04	R.K.	Charles Deng Acupuncture PC	97810	06/07/2012-07/10/2012	14	\$287.28	Allstate Ins. Co.
0247385354-04	R.K.	Charles Deng Acupuncture PC	99203	06/07/2012	1	\$80.00	Allstate Ins. Co.
0247385354-04	R.K.	Charles Deng Acupuncture PC	97810	07/11/2012-07/19/2012	4	\$82.08	Allstate Ins. Co.
0247385354-04	R.K.	Charles Deng Acupuncture PC	97811	07/11/2012-07/19/2012	4	\$70.28	Allstate Ins. Co.
0247385354-04	R.K.	Charles Deng Acupuncture PC	97810	07/24/2012-08/23/2012	10	\$205.20	Allstate Ins. Co.
0247385354-04	R.K.	Charles Deng Acupuncture PC	97810	08/28/2012-10/02/2012	9	\$184.68	Allstate Ins. Co.
0247385354-05	R.I.	Charles Deng Acupuncture PC	97810	06/07/2012-06/19/2012	5	\$102.60	Allstate Ins. Co.
0247385354-05	R.I.	Charles Deng Acupuncture PC	97811	06/07/2012-06/19/2012	5	\$87.85	Allstate Ins. Co.
0247385354-05	R.I.	Charles Deng Acupuncture PC	97810	07/23/2012-08/24/2012	9	\$184.68	Allstate Ins. Co.
0247385354-05	R.I.	Charles Deng Acupuncture PC	97811	07/23/2012-08/24/2012	9	\$158.13	Allstate Ins. Co.
0247385354-05	R.I.	Charles Deng Acupuncture PC	97810	08/30/2012-09/26/2012	5	\$102.60	Allstate Ins. Co.
0247385354-05	R.I.	Charles Deng Acupuncture PC	97811	08/30/2012-09/26/2012	5	\$87.85	Allstate Ins. Co.
0249232133-03	M.M.	Charles Deng Acupuncture PC	97810	06/27/2012-07/12/2012	9	\$184.68	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Charles Deng Acupuncture PC	97811	06/27/2012-07/12/2012	9	\$245.98	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Charles Deng Acupuncture PC	99203	06/27/2012	1	\$54.74	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Charles Deng Acupuncture PC	97810	07/16/2012-07/30/2012	7	\$143.64	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Charles Deng Acupuncture PC	97811	07/16/2012-07/30/2012	7	\$122.99	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Charles Deng Acupuncture PC	97810	08/01/2012-08/23/2012	7	\$143.64	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Charles Deng Acupuncture PC	97811	08/01/2012-08/23/2012	7	\$122.99	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Charles Deng Acupuncture PC	97810	08/28/2012-10/04/2012	12	\$246.24	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Charles Deng Acupuncture PC	97811	08/28/2012-10/04/2012	12	\$210.84	Allstate Fire and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0249232133-03	M.M.	Charles Deng Acupuncture PC	97810	10/11/2012-10/25/2012	6	\$123.12	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Charles Deng Acupuncture PC	97811	10/11/2012-10/25/2012	6	\$105.42	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Charles Deng Acupuncture PC	97810	12/26/2012	1	\$20.52	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Charles Deng Acupuncture PC	97811	12/26/2012	1	\$17.57	Allstate Fire and Cas. Ins. Co.
0252361290-05	G.T.	Charles Deng Acupuncture PC	97810	08/14/2012-09/07/2012	7	\$143.64	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Charles Deng Acupuncture PC	97811	08/14/2012-09/07/2012	7	\$122.99	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Charles Deng Acupuncture PC	99203	08/14/2012	1	\$54.74	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Charles Deng Acupuncture PC	97810	09/13/2012	1	\$20.52	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Charles Deng Acupuncture PC	97811	09/13/2012	1	\$17.57	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Charles Deng Acupuncture PC	97810	07/17/2012-08/13/2012	12	\$246.24	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Charles Deng Acupuncture PC	97811	07/17/2012-08/13/2012	12	\$228.41	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Charles Deng Acupuncture PC	97810	09/14/2012-10/09/2012	9	\$184.68	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Charles Deng Acupuncture PC	97811	09/14/2012-10/09/2012	9	\$158.13	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Charles Deng Acupuncture PC	97810	07/02/2012-08/16/2012	14	\$287.28	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Charles Deng Acupuncture PC	97811	07/02/2012-08/16/2012	14	\$245.98	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Charles Deng Acupuncture PC	97810	08/20/2012	1	\$20.52	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Charles Deng Acupuncture PC	97811	08/20/2012	1	\$17.57	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Charles Deng Acupuncture PC	97810	08/28/2012-10/05/2012	7	\$143.64	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Charles Deng Acupuncture PC	97811	08/28/2012-10/05/2012	7	\$122.99	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Charles Deng Acupuncture PC	97810	10/10/2012-11/23/2012	12	\$246.24	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Charles Deng Acupuncture PC	97811	10/10/2012-11/23/2012	12	\$210.84	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Charles Deng Acupuncture PC	97810	12/12/2012-01/09/2013	9	\$82.08	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Charles Deng Acupuncture PC	97811	12/12/2012-01/09/2013	9	\$70.28	Allstate Prop. and Cas. Ins. Co.
0253727044-14	M.B.	Charles Deng Acupuncture PC	97810	07/20/2012-08/22/2012	5	\$102.60	Allstate Prop. and Cas. Ins. Co.
0253727044-14	M.B.	Charles Deng Acupuncture PC	97811	07/20/2012-08/22/2012	5	\$87.85	Allstate Prop. and Cas. Ins. Co.
0257961391-07	M.P.	Charles Deng Acupuncture PC	97810	08/27/2012-10/08/2012	17	\$348.84	Allstate Ins. Co.
0257961391-07	M.P.	Charles Deng Acupuncture PC	97810	10/22/2012	1	\$20.52	Allstate Ins. Co.
0257961391-07	M.P.	Charles Deng Acupuncture PC	97811	10/22/2012	1	\$35.14	Allstate Ins. Co.
0257961391-07	M.P.	Charles Deng Acupuncture PC	97810	01/11/2013	1	\$20.52	Allstate Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0257961391-07	M.P.	Charles Deng Acupuncture PC	97810	01/29/2013	1	\$20.52	Allstate Ins. Co.
0257961391-13	J.J.	Charles Deng Acupuncture PC	97810	08/27/2012-10/04/2012	18	\$369.36	Allstate Ins. Co.
0257961391-13	J.J.	Charles Deng Acupuncture PC	97811	08/27/2012-10/04/2012	18	\$316.26	Allstate Ins. Co.
0257961391-13	J.J.	Charles Deng Acupuncture PC	99203	08/27/2012	1	\$80.00	Allstate Ins. Co.
0257961391-13	J.J.	Charles Deng Acupuncture PC	97810	09/06/2012-10/08/2012	13	\$102.60	Allstate Ins. Co.
0257961391-13	J.J.	Charles Deng Acupuncture PC	97811	09/06/2012-10/08/2012	13	\$87.85	Allstate Ins. Co.
0257961391-13	J.J.	Charles Deng Acupuncture PC	97810	10/10/2012-10/15/2012	2	\$41.04	Allstate Ins. Co.
0257961391-13	J.J.	Charles Deng Acupuncture PC	97811	10/10/2012-10/15/2012	2	\$35.14	Allstate Ins. Co.
0259040152-03	R.J.	Charles Deng Acupuncture PC	97810	09/21/2012-10/03/2012	3	\$61.56	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Charles Deng Acupuncture PC	97811	09/21/2012-10/03/2012	3	\$52.71	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Charles Deng Acupuncture PC	97810	10/24/2012-11/23/2012	7	\$143.64	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Charles Deng Acupuncture PC	97811	10/24/2012-11/23/2012	7	\$122.99	Allstate Fire and Cas. Ins. Co.
0259681756-03	T.P.	Charles Deng Acupuncture PC	97810	09/25/2012-10/08/2012	5	\$102.60	Allstate Ins. Co.
0259681756-03	T.P.	Charles Deng Acupuncture PC	97810	10/15/2012-11/23/2012	9	\$184.68	Allstate Ins. Co.
0259681756-03	T.P.	Charles Deng Acupuncture PC	97810	12/14/2012-01/18/2013	8	\$61.56	Allstate Ins. Co.
0259681756-03	T.P.	Charles Deng Acupuncture PC	97810	01/23/2013-02/07/2013	4	\$61.56	Allstate Ins. Co.
0259681756-03	T.P.	Charles Deng Acupuncture PC	97811	01/23/2013-02/07/2013	4	\$52.71	Allstate Ins. Co.
0259686599-02	D.R.	Charles Deng Acupuncture PC	97810	09/19/2012-09/24/2012	3	\$61.56	Allstate Ins. Co.
0259686599-02	D.R.	Charles Deng Acupuncture PC	97811	09/19/2012-09/24/2012	3	\$52.71	Allstate Ins. Co.
0259686599-02	D.R.	Charles Deng Acupuncture PC	99203	09/19/2012	1	\$80.00	Allstate Ins. Co.
0259686599-03	V.C.	Charles Deng Acupuncture PC	97810	09/19/2012-10/08/2012	9	\$184.68	Allstate Ins. Co.
0259686599-03	V.C.	Charles Deng Acupuncture PC	97811	09/19/2012-10/08/2012	9	\$158.13	Allstate Ins. Co.
0259686599-03	V.C.	Charles Deng Acupuncture PC	99203	09/19/2012	1	\$54.74	Allstate Ins. Co.
0259686599-03	V.C.	Charles Deng Acupuncture PC	97810	10/10/2012-11/21/2012	13	\$266.76	Allstate Ins. Co.
0259686599-03	V.C.	Charles Deng Acupuncture PC	97811	10/10/2012-11/21/2012	13	\$228.41	Allstate Ins. Co.
0259686599-03	V.C.	Charles Deng Acupuncture PC	99213	10/16/2012	1	\$70.00	Allstate Ins. Co.
0259686599-03	V.C.	Charles Deng Acupuncture PC	97810	12/19/2012-01/17/2013	7	\$61.56	Allstate Ins. Co.
0259686599-07	L.C.	Charles Deng Acupuncture PC	97810	09/21/2012-10/08/2012	8	\$164.16	Allstate Ins. Co.
0259686599-07	L.C.	Charles Deng Acupuncture PC	97811	09/21/2012-10/08/2012	8	\$140.56	Allstate Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0259686599-07	L.C.	Charles Deng Acupuncture PC	99203	09/21/2012	1	\$54.74	Allstate Ins. Co.
0259686599-07	L.C.	Charles Deng Acupuncture PC	97810	10/10/2012-11/20/2012	10	\$205.20	Allstate Ins. Co.
0259686599-07	L.C.	Charles Deng Acupuncture PC	97811	10/10/2012-11/20/2012	10	\$263.55	Allstate Ins. Co.
0259686599-07	L.C.	Charles Deng Acupuncture PC	99213	10/16/2012	1	\$70.00	Allstate Ins. Co.
0259686599-07	L.C.	Charles Deng Acupuncture PC	97810	12/12/2012-01/17/2013	10	\$143.64	Allstate Ins. Co.
0259686599-07	L.C.	Charles Deng Acupuncture PC	97811	12/12/2012-01/17/2013	5	\$35.14	Allstate Ins. Co.
0261148811-03	E.C.	Charles Deng Acupuncture PC	97810	09/20/2012-10/09/2012	10	\$205.20	Allstate Fire and Cas. Ins. Co.
0261148811-03	E.C.	Charles Deng Acupuncture PC	97811	09/20/2012-10/09/2012	10	\$333.83	Allstate Fire and Cas. Ins. Co.
0261148811-03	E.C.	Charles Deng Acupuncture PC	99203	09/20/2012	1	\$54.74	Allstate Fire and Cas. Ins. Co.
0261148811-03	E.C.	Charles Deng Acupuncture PC	97810	10/10/2012-11/20/2012	14	\$287.28	Allstate Fire and Cas. Ins. Co.
0261148811-03	E.C.	Charles Deng Acupuncture PC	97811	10/10/2012-11/20/2012	14	\$421.68	Allstate Fire and Cas. Ins. Co.
0261148811-03	E.C.	Charles Deng Acupuncture PC	99213	10/23/2012	1	\$33.70	Allstate Fire and Cas. Ins. Co.
0268725595-01	J.B.	Charles Deng Acupuncture PC	97810	11/30/2012-12/10/2012	5	\$102.60	Allstate Ins. Co.
0268725595-01	J.B.	Charles Deng Acupuncture PC	97811	11/30/2012-12/10/2012	5	\$87.85	Allstate Ins. Co.
0268725595-01	J.B.	Charles Deng Acupuncture PC	99203	11/30/2012	1	\$54.74	Allstate Ins. Co.
0268725595-01	J.B.	Charles Deng Acupuncture PC	97810	12/12/2012-01/18/2013	11	\$225.72	Allstate Ins. Co.
0268725595-01	J.B.	Charles Deng Acupuncture PC	97811	12/12/2012-01/18/2013	9	\$158.13	Allstate Ins. Co.
0268725595-01	J.B.	Charles Deng Acupuncture PC	97810	01/23/2013-02/06/2013	6	\$123.12	Allstate Ins. Co.
0268725595-01	J.B.	Charles Deng Acupuncture PC	97811	01/23/2013-02/06/2013	6	\$105.42	Allstate Ins. Co.
0268725595-01	J.B.	Charles Deng Acupuncture PC	97810	02/13/2013-02/28/2013	7	\$143.64	Allstate Ins. Co.
0268725595-01	J.B.	Charles Deng Acupuncture PC	97811	02/13/2013	1	\$17.57	Allstate Ins. Co.
0268725595-01	J.B.	Charles Deng Acupuncture PC	97810	03/05/2013-03/19/2013	4	\$82.08	Allstate Ins. Co.
0268725595-01	J.B.	Charles Deng Acupuncture PC	97811	03/05/2013-03/19/2013	4	\$70.28	Allstate Ins. Co.
0268725595-04	N.A.	Charles Deng Acupuncture PC	97810	12/05/2012-12/07/2012	3	\$61.56	Allstate Ins. Co.
0268725595-04	N.A.	Charles Deng Acupuncture PC	97811	12/05/2012-12/07/2012	3	\$52.71	Allstate Ins. Co.
0268725595-04	N.A.	Charles Deng Acupuncture PC	99203	12/05/2012	1	\$54.74	Allstate Ins. Co.
0268725595-04	N.A.	Charles Deng Acupuncture PC	97810	12/12/2012-01/16/2013	10	\$205.20	Allstate Ins. Co.
0268725595-04	N.A.	Charles Deng Acupuncture PC	97811	12/12/2012-01/16/2013	10	\$175.70	Allstate Ins. Co.
0268725595-04	N.A.	Charles Deng Acupuncture PC	97810	01/17/2013-02/08/2013	9	\$184.68	Allstate Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0268725595-04	N.A.	Charles Deng Acupuncture PC	97810	02/12/2013-02/22/2013	6	\$123.12	Allstate Ins. Co.
0268725595-04	N.A.	Charles Deng Acupuncture PC	97810	03/05/2013-03/14/2013	6	\$123.12	Allstate Ins. Co.
0268725595-04	N.A.	Charles Deng Acupuncture PC	97811	03/05/2013-03/14/2013	6	\$105.42	Allstate Ins. Co.
0268725595-04	N.A.	Charles Deng Acupuncture PC	97810	03/22/2013-04/05/2013	4	\$82.08	Allstate Ins. Co.
0268725595-06	D.P.	Charles Deng Acupuncture PC	97810	02/13/2013-02/21/2013	2	\$41.04	Allstate Ins. Co.
0268725595-06	D.P.	Charles Deng Acupuncture PC	99199	02/21/2013	1	\$50.00	Allstate Ins. Co.
0268725595-06	D.P.	Charles Deng Acupuncture PC	97810	03/12/2013-03/18/2013	3	\$61.56	Allstate Ins. Co.
0268725595-06	D.P.	Charles Deng Acupuncture PC	97810	04/04/2013-04/05/2013	2	\$41.04	Allstate Ins. Co.
0268725595-06	D.P.	Charles Deng Acupuncture PC	99199	04/04/2013-04/05/2013	2	\$51.44	Allstate Ins. Co.
0269624242-03	O.C.	Charles Deng Acupuncture PC	97810	12/12/2012-01/16/2013	7	\$143.64	Allstate Ins. Co.
0269624242-03	O.C.	Charles Deng Acupuncture PC	97811	12/17/2012-01/16/2013	4	\$70.28	Allstate Ins. Co.
0269624242-03	O.C.	Charles Deng Acupuncture PC	97810	01/22/2013-01/24/2013	3	\$61.56	Allstate Ins. Co.
0269624242-03	O.C.	Charles Deng Acupuncture PC	97810	04/01/2013	1	\$20.52	Allstate Ins. Co.
0269624242-03	O.C.	Charles Deng Acupuncture PC	99199	04/01/2013	1	\$50.00	Allstate Ins. Co.
0283577740-02	J.A.	Charles Deng Acupuncture PC	99203	04/22/2013	1	\$54.74	Allstate Ins. Co.
0283577740-02	J.A.	Charles Deng Acupuncture PC	99199	07/23/2013-07/26/2013	3	\$45.42	Allstate Ins. Co.
0283577740-03	M.M.	Charles Deng Acupuncture PC	99203	04/22/2013	1	\$54.74	Allstate Ins. Co.
0283577740-03	M.M.	Charles Deng Acupuncture PC	99199	06/13/2013-06/28/2013	5	\$231.20	Allstate Ins. Co.
0283577740-03	M.M.	Charles Deng Acupuncture PC	97810	06/14/2013-06/28/2013	4	\$82.08	Allstate Ins. Co.
0283577740-03	M.M.	Charles Deng Acupuncture PC	97810	07/23/2013-07/26/2013	3	\$61.56	Allstate Ins. Co.
0283577740-03	M.M.	Charles Deng Acupuncture PC	99199	07/23/2013-07/26/2013	3	\$45.42	Allstate Ins. Co.
0288265572-02	A.F.	Charles Deng Acupuncture PC	97810	05/17/2013-06/06/2013	7	\$143.64	Allstate Ins. Co.
0288265572-02	A.F.	Charles Deng Acupuncture PC	99199	05/17/2013-06/06/2013	7	\$323.68	Allstate Ins. Co.
0288265572-02	A.F.	Charles Deng Acupuncture PC	99203	05/17/2013	1	\$78.02	Allstate Ins. Co.
0288265572-02	A.F.	Charles Deng Acupuncture PC	97810	06/12/2013-07/08/2013	7	\$143.64	Allstate Ins. Co.
0288265572-02	A.F.	Charles Deng Acupuncture PC	97810	06/12/2013-07/09/2013	7	\$20.52	Allstate Ins. Co.
0288265572-02	A.F.	Charles Deng Acupuncture PC	99199	06/12/2013-07/08/2013	7	\$323.68	Allstate Ins. Co.
0288265572-02	A.F.	Charles Deng Acupuncture PC	99199	06/12/2013-07/09/2013	6	\$46.24	Allstate Ins. Co.
0288265572-02	A.F.	Charles Deng Acupuncture PC	97810	08/05/2013-08/27/2013	6	\$123.12	Allstate Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0288265572-02	A.F.	Charles Deng Acupuncture PC	99199	08/05/2013-08/27/2013	7	\$277.44	Allstate Ins. Co.
0293324331-02	D.M.	Charles Deng Acupuncture PC	97810	07/22/2013-07/25/2013	3	\$61.56	Allstate Ins. Co.
0293324331-02	D.M.	Charles Deng Acupuncture PC	99199	07/22/2013-07/25/2013	3	\$138.72	Allstate Ins. Co.
0293324331-02	D.M.	Charles Deng Acupuncture PC	99203	07/22/2013	1	\$80.00	Allstate Ins. Co.
0293324331-02	D.M.	Charles Deng Acupuncture PC	99199	08/02/2013-08/27/2013	8	\$287.84	Allstate Ins. Co.
0293324331-02	D.M.	Charles Deng Acupuncture PC	97810	08/08/2013-08/23/2013	5	\$102.60	Allstate Ins. Co.
0294866694-01	J.B.	Charles Deng Acupuncture PC	97810	08/05/2013-08/23/2013	6	\$123.12	Allstate Prop. and Cas. Ins. Co.
0294866694-01	J.B.	Charles Deng Acupuncture PC	99199	08/05/2013-08/23/2013	6	\$277.44	Allstate Prop. and Cas. Ins. Co.
0294866694-01	J.B.	Charles Deng Acupuncture PC	99203	08/05/2013	1	\$54.73	Allstate Prop. and Cas. Ins. Co.
0431774421-04	M.J.	Charles Deng Acupuncture PC	99199	02/14/2017-03/06/2017	4	\$184.96	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	Charles Deng Acupuncture PC	99199	02/23/2017-03/03/2017	3	\$150.00	Allstate Fire and Cas. Ins. Co.
0446478414-02	B.M.	Charles Deng Acupuncture PC	97810	02/15/2017-03/20/2017	3	\$90.00	Allstate Prop. and Cas. Ins. Co.
4817001649-02	J.B.	Charles Deng Acupuncture PC	97810	11/21/2011-12/13/2011	6	\$123.12	Allstate Ins. Co.
4817001649-02	J.B.	Charles Deng Acupuncture PC	97811	11/21/2011-12/13/2011	6	\$105.42	Allstate Ins. Co.
4817001649-02	J.B.	Charles Deng Acupuncture PC	97810	01/13/2012-02/08/2012	4	\$82.08	Allstate Ins. Co.
4817001649-02	J.B.	Charles Deng Acupuncture PC	97811	01/13/2012-02/08/2012	4	\$70.28	Allstate Ins. Co.
4817001649-03	K.L.	Charles Deng Acupuncture PC	97810	09/22/2011	1	\$20.52	Allstate Ins. Co.
4817001649-03	K.L.	Charles Deng Acupuncture PC	97811	09/22/2011	1	\$17.57	Allstate Ins. Co.
4817001649-03	K.L.	Charles Deng Acupuncture PC	99203	09/22/2011	1	\$54.74	Allstate Ins. Co.
0288265572-02	A.F.	Charles Deng L.Ac.	97810	09/03/2013-09/27/2013	10	\$205.20	Allstate Ins. Co.
0288265572-02	A.F.	Charles Deng L.Ac.	99199	09/03/2013-09/27/2013	11	\$462.40	Allstate Ins. Co.
0288265572-02	A.F.	Charles Deng L.Ac.	97810	10/16/2013	1	\$20.52	Allstate Ins. Co.
0288265572-02	A.F.	Charles Deng L.Ac.	99199	10/16/2013	1	\$46.24	Allstate Ins. Co.
0288265572-02	A.F.	Charles Deng L.Ac.	97810	10/22/2013-11/07/2013	6	\$123.12	Allstate Ins. Co.
0288265572-02	A.F.	Charles Deng L.Ac.	99199	10/22/2013-11/07/2013	6	\$277.44	Allstate Ins. Co.
0288265572-02	A.F.	Charles Deng L.Ac.	97810	11/20/2013	1	\$20.52	Allstate Ins. Co.
0288265572-02	A.F.	Charles Deng L.Ac.	99199	11/20/2013	1	\$46.24	Allstate Ins. Co.
0294866694-01	J.B.	Charles Deng L.Ac.	97810	08/27/2013-09/17/2013	4	\$82.08	Allstate Prop. and Cas. Ins. Co.
0294866694-01	J.B.	Charles Deng L.Ac.	99199	08/27/2013-09/17/2013	4	\$184.96	Allstate Prop. and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0296244239-02	B.H.	Charles Deng L.Ac.	97810	08/21/2013-09/26/2013	12	\$246.24	Allstate Ins. Co.
0296244239-02	B.H.	Charles Deng L.Ac.	99199	08/21/2013-09/26/2013	13	\$601.12	Allstate Ins. Co.
0296244239-02	B.H.	Charles Deng L.Ac.	99203	08/21/2013	1	\$54.73	Allstate Ins. Co.
0296244239-02	B.H.	Charles Deng L.Ac.	97810	10/01/2013-10/17/2013	5	\$102.60	Allstate Ins. Co.
0296244239-02	B.H.	Charles Deng L.Ac.	99199	10/01/2013-10/10/2013	3	\$58.72	Allstate Ins. Co.
0296244239-02	B.H.	Charles Deng L.Ac.	99199	10/22/2013-11/08/2013	4	\$58.72	Allstate Ins. Co.
0296244239-02	B.H.	Charles Deng L.Ac.	97810	10/25/2013-11/08/2013	2	\$41.04	Allstate Ins. Co.
0296244239-02	B.H.	Charles Deng L.Ac.	97810	11/21/2013-12/10/2013	4	\$82.08	Allstate Ins. Co.
0296244239-02	B.H.	Charles Deng L.Ac.	99199	11/21/2013-12/10/2013	4	\$58.72	Allstate Ins. Co.
0296244239-02	B.H.	Charles Deng L.Ac.	97810	12/13/2013-01/02/2014	3	\$61.56	Allstate Ins. Co.
0296244239-02	B.H.	Charles Deng L.Ac.	97810	02/06/2014-02/07/2014	2	\$41.04	Allstate Ins. Co.
0298350612-01	N.P.	Charles Deng L.Ac.	97810	09/05/2013-09/27/2013	8	\$164.16	Allstate Prop. and Cas. Ins. Co.
0298350612-01	N.P.	Charles Deng L.Ac.	99199	09/05/2013-09/27/2013	8	\$369.92	Allstate Prop. and Cas. Ins. Co.
0298350612-01	N.P.	Charles Deng L.Ac.	99203	09/05/2013	1	\$54.73	Allstate Prop. and Cas. Ins. Co.
0298350612-01	N.P.	Charles Deng L.Ac.	97810	10/01/2013-10/15/2013	6	\$123.12	Allstate Prop. and Cas. Ins. Co.
0298350612-01	N.P.	Charles Deng L.Ac.	99199	10/01/2013-10/17/2013	7	\$246.52	Allstate Prop. and Cas. Ins. Co.
0298350612-01	N.P.	Charles Deng L.Ac.	97810	10/28/2013-11/07/2013	5	\$102.60	Allstate Prop. and Cas. Ins. Co.
0298350612-01	N.P.	Charles Deng L.Ac.	99199	10/28/2013-11/07/2013	5	\$184.96	Allstate Prop. and Cas. Ins. Co.
0298350612-01	N.P.	Charles Deng L.Ac.	99199	11/12/2013-12/09/2013	7	\$323.68	Allstate Prop. and Cas. Ins. Co.
0298350612-01	N.P.	Charles Deng L.Ac.	97810	11/14/2013-12/09/2013	6	\$123.12	Allstate Prop. and Cas. Ins. Co.
0298350612-01	N.P.	Charles Deng L.Ac.	97810	12/13/2013	1	\$20.52	Allstate Prop. and Cas. Ins. Co.
0298350612-01	N.P.	Charles Deng L.Ac.	99199	12/13/2013	1	\$46.24	Allstate Prop. and Cas. Ins. Co.
0299083659-01	M.Y.	Charles Deng L.Ac.	97810	11/12/2013-12/09/2013	2	\$41.04	Allstate Ins. Co.
0299083659-01	M.Y.	Charles Deng L.Ac.	97810	12/16/2013-12/27/2013	3	\$61.56	Allstate Ins. Co.
0302803937-04	A.S.	Charles Deng L.Ac.	97810	10/29/2013-11/08/2013	6	\$123.12	Allstate Ins. Co.
0302803937-04	A.S.	Charles Deng L.Ac.	99199	10/29/2013-11/08/2013	6	\$277.44	Allstate Ins. Co.
0302803937-04	A.S.	Charles Deng L.Ac.	99203	10/29/2013	1	\$54.73	Allstate Ins. Co.
0302803937-04	A.S.	Charles Deng L.Ac.	97810	11/13/2013-12/10/2013	8	\$164.16	Allstate Ins. Co.
0302803937-04	A.S.	Charles Deng L.Ac.	99199	11/13/2013-12/10/2013	8	\$369.92	Allstate Ins. Co.

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i> Representative Sample of Fraudulent Claims Paid to Defendants</p>							
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0302803937-04	A.S.	Charles Deng L.Ac.	97810	01/02/2014-01/06/2014	2	\$41.04	Allstate Ins. Co.
0302803937-04	A.S.	Charles Deng L.Ac.	99199	01/02/2014-01/06/2014	2	\$92.48	Allstate Ins. Co.
0302803937-04	A.S.	Charles Deng L.Ac.	97810	01/13/2014	1	\$20.52	Allstate Ins. Co.
0302803937-04	A.S.	Charles Deng L.Ac.	99199	01/13/2014	1	\$46.24	Allstate Ins. Co.
0302803937-04	A.S.	Charles Deng L.Ac.	97810	04/01/2014-04/02/2014	2	\$41.04	Allstate Ins. Co.
0302803937-04	A.S.	Charles Deng L.Ac.	99199	04/01/2014-04/02/2014	2	\$92.48	Allstate Ins. Co.
0302803937-05	B.S.	Charles Deng L.Ac.	97810	10/24/2013-11/04/2013	2	\$41.04	Allstate Ins. Co.
0302803937-05	B.S.	Charles Deng L.Ac.	97810	11/12/2013-12/04/2013	5	\$102.60	Allstate Ins. Co.
0302803937-05	B.S.	Charles Deng L.Ac.	97810	12/23/2013-01/06/2014	3	\$61.56	Allstate Ins. Co.
0303475743-01	M.G.	Charles Deng L.Ac.	97810	10/30/2013-11/07/2013	4	\$82.08	Allstate Prop. and Cas. Ins. Co.
0303475743-01	M.G.	Charles Deng L.Ac.	99199	10/30/2013-11/07/2013	4	\$184.96	Allstate Prop. and Cas. Ins. Co.
0303475743-01	M.G.	Charles Deng L.Ac.	99203	10/30/2013	1	\$54.73	Allstate Prop. and Cas. Ins. Co.
0303475743-01	M.G.	Charles Deng L.Ac.	97810	11/22/2013	1	\$20.52	Allstate Prop. and Cas. Ins. Co.
0303475743-01	M.G.	Charles Deng L.Ac.	99199	11/22/2013	1	\$46.24	Allstate Prop. and Cas. Ins. Co.
0303475743-01	M.G.	Charles Deng L.Ac.	97810	12/20/2013	1	\$20.52	Allstate Prop. and Cas. Ins. Co.
0303475743-01	M.G.	Charles Deng L.Ac.	99199	12/20/2013-01/03/2014	2	\$92.48	Allstate Prop. and Cas. Ins. Co.
0303475743-01	M.G.	Charles Deng L.Ac.	99199	01/17/2014-01/31/2014	3	\$138.72	Allstate Prop. and Cas. Ins. Co.
0315420661-02	L.S.	Charles Deng L.Ac.	97810	01/29/2014-02/19/2014	10	\$205.20	Allstate Ins. Co.
0315420661-02	L.S.	Charles Deng L.Ac.	99199	01/29/2014-02/19/2014	10	\$146.80	Allstate Ins. Co.
0315420661-02	L.S.	Charles Deng L.Ac.	99203	01/29/2014	1	\$54.73	Allstate Ins. Co.
0315420661-02	L.S.	Charles Deng L.Ac.	97810	02/17/2014-03/10/2014	5	\$61.56	Allstate Ins. Co.
0315420661-02	L.S.	Charles Deng L.Ac.	99199	02/17/2014-03/10/2014	5	\$44.04	Allstate Ins. Co.
0315420661-02	L.S.	Charles Deng L.Ac.	97810	03/17/2014-04/04/2014	4	\$82.08	Allstate Ins. Co.
0315420661-02	L.S.	Charles Deng L.Ac.	99199	03/19/2014-04/04/2014	6	\$88.08	Allstate Ins. Co.
0315420661-02	L.S.	Charles Deng L.Ac.	97810	04/09/2014-04/28/2014	4	\$82.08	Allstate Ins. Co.
0315420661-02	L.S.	Charles Deng L.Ac.	99199	05/16/2014-05/23/2014	4	\$184.96	Allstate Ins. Co.
0319843156-02	J.P.	Charles Deng L.Ac.	99199	03/28/2014-04/04/2014	3	\$45.42	Allstate Ins. Co.
0319843156-02	J.P.	Charles Deng L.Ac.	99203	03/28/2014	1	\$54.73	Allstate Ins. Co.
0319843156-02	J.P.	Charles Deng L.Ac.	99199	04/09/2014-04/25/2014	3	\$45.42	Allstate Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0319843156-02	J.P.	Charles Deng L.Ac.	97810	05/01/2014-05/22/2014	2	\$41.04	Allstate Ins. Co.
0319843156-02	J.P.	Charles Deng L.Ac.	99199	06/03/2014-06/09/2014	3	\$1.50	Allstate Ins. Co.
0324099315-01	J.G.	Charles Deng L.Ac.	99199	05/01/2014-05/20/2014	6	\$300.00	Allstate Prop. and Cas. Ins. Co.
0324099315-01	J.G.	Charles Deng L.Ac.	99199	06/02/2014	1	\$50.00	Allstate Prop. and Cas. Ins. Co.
0324099315-01	J.G.	Charles Deng L.Ac.	97810	07/07/2014	1	\$20.52	Allstate Prop. and Cas. Ins. Co.
0324099315-01	J.G.	Charles Deng L.Ac.	99199	07/16/2014-07/17/2014	2	\$100.00	Allstate Prop. and Cas. Ins. Co.
0326267416-10	L.G.	Charles Deng L.Ac.	99199	05/23/2014-05/27/2014	2	\$69.54	Allstate Fire and Cas. Ins. Co.
0326267416-10	L.G.	Charles Deng L.Ac.	99203	05/23/2014	1	\$54.73	Allstate Fire and Cas. Ins. Co.
0326267416-10	L.G.	Charles Deng L.Ac.	99199	06/02/2014-06/13/2014	3	\$138.72	Allstate Fire and Cas. Ins. Co.
0326267416-10	L.G.	Charles Deng L.Ac.	99199	06/30/2014	1	\$46.24	Allstate Fire and Cas. Ins. Co.
0333596995-01	M.J.	Charles Deng L.Ac.	97810	08/04/2014-08/29/2014	10	\$205.20	Allstate Ins. Co.
0333596995-01	M.J.	Charles Deng L.Ac.	97810	09/02/2014-09/05/2014	3	\$61.56	Allstate Ins. Co.
0333596995-01	M.J.	Charles Deng L.Ac.	97810	09/15/2014-10/03/2014	5	\$102.60	Allstate Ins. Co.
0333596995-01	M.J.	Charles Deng L.Ac.	99199	09/16/2014-10/06/2014	10	\$462.40	Allstate Ins. Co.
0333596995-01	M.J.	Charles Deng L.Ac.	99199	10/13/2014-11/10/2014	11	\$416.16	Allstate Ins. Co.
0333596995-01	M.J.	Charles Deng L.Ac.	97810	10/15/2014-11/10/2014	6	\$123.12	Allstate Ins. Co.
0336215595-02	L.B.	Charles Deng L.Ac.	99199	08/26/2014-09/09/2014	4	\$184.96	Allstate Fire and Cas. Ins. Co.
0336215595-02	L.B.	Charles Deng L.Ac.	99203	08/26/2014	1	\$54.73	Allstate Fire and Cas. Ins. Co.
0336215595-02	L.B.	Charles Deng L.Ac.	99199	09/19/2014-10/08/2014	5	\$231.20	Allstate Fire and Cas. Ins. Co.
0336215595-02	L.B.	Charles Deng L.Ac.	99199	10/14/2014-11/05/2014	6	\$277.44	Allstate Fire and Cas. Ins. Co.
0336215595-02	L.B.	Charles Deng L.Ac.	97810	11/18/2014	1	\$20.52	Allstate Fire and Cas. Ins. Co.
0340022847-01	J.M.	Charles Deng L.Ac.	97810	09/09/2014-10/03/2014	11	\$225.72	Allstate Prop. and Cas. Ins. Co.
0340022847-01	J.M.	Charles Deng L.Ac.	99199	09/09/2014-10/03/2014	7	\$204.20	Allstate Prop. and Cas. Ins. Co.
0340022847-01	J.M.	Charles Deng L.Ac.	99203	09/09/2014	1	\$54.73	Allstate Prop. and Cas. Ins. Co.
0340022847-01	J.M.	Charles Deng L.Ac.	99199	10/04/2014-11/10/2014	10	\$462.40	Allstate Prop. and Cas. Ins. Co.
0340022847-01	J.M.	Charles Deng L.Ac.	97810	10/10/2014-11/10/2014	8	\$173.64	Allstate Prop. and Cas. Ins. Co.
0340022847-01	J.M.	Charles Deng L.Ac.	97810	11/17/2014-12/08/2014	5	\$102.60	Allstate Prop. and Cas. Ins. Co.
0340022847-01	J.M.	Charles Deng L.Ac.	99199	11/17/2014-12/10/2014	8	\$369.92	Allstate Prop. and Cas. Ins. Co.
0340022847-01	J.M.	Charles Deng L.Ac.	99199	12/12/2014-12/16/2014	2	\$92.48	Allstate Prop. and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0340022847-01	J.M.	Charles Deng L.Ac.	97810	12/16/2014	1	\$20.52	Allstate Prop. and Cas. Ins. Co.
0342499539-01	J.R.	Charles Deng L.Ac.	99199	11/19/2014-12/10/2014	4	\$184.96	Allstate Ins. Co.
0342499539-01	J.R.	Charles Deng L.Ac.	97810	12/29/2014-01/20/2015	3	\$61.56	Allstate Ins. Co.
0342499539-01	J.R.	Charles Deng L.Ac.	97810	01/30/2015-02/03/2015	3	\$61.56	Allstate Ins. Co.
0342499539-01	J.R.	Charles Deng L.Ac.	99199	02/27/2015-03/09/2015	3	\$46.24	Allstate Ins. Co.
0342499539-01	J.R.	Charles Deng L.Ac.	99199	03/18/2015-04/08/2015	5	\$92.48	Allstate Ins. Co.
0374124246-03	P.G.	Charles Deng L.Ac.	99199	05/29/2015-07/13/2015	10	\$462.40	Allstate Prop. and Cas. Ins. Co.
0374124246-03	P.G.	Charles Deng L.Ac.	99203	05/29/2015	1	\$54.73	Allstate Prop. and Cas. Ins. Co.
0374124246-03	P.G.	Charles Deng L.Ac.	99199	07/23/2015-08/06/2015	5	\$231.20	Allstate Prop. and Cas. Ins. Co.
0374124246-03	P.G.	Charles Deng L.Ac.	97810	07/24/2015-08/06/2015	3	\$61.56	Allstate Prop. and Cas. Ins. Co.
0374512275-02	B.S.	Charles Deng L.Ac.	97810	06/29/2015-07/16/2015	5	\$102.60	Allstate Ins. Co.
0374512275-02	B.S.	Charles Deng L.Ac.	99199	06/29/2015-07/17/2015	10	\$50.00	Allstate Ins. Co.
0374512275-02	B.S.	Charles Deng L.Ac.	99203	06/29/2015	1	\$54.73	Allstate Ins. Co.
0374512275-02	B.S.	Charles Deng L.Ac.	97810	07/22/2015	1	\$20.52	Allstate Ins. Co.
0374512275-02	B.S.	Charles Deng L.Ac.	99199	09/01/2015-09/14/2015	3	\$138.72	Allstate Ins. Co.
0374512275-03	Z.S.	Charles Deng L.Ac.	97810	06/29/2015-07/14/2015	7	\$143.64	Allstate Ins. Co.
0374512275-03	Z.S.	Charles Deng L.Ac.	99203	06/29/2015	1	\$80.00	Allstate Ins. Co.
0374512275-03	Z.S.	Charles Deng L.Ac.	97810	08/05/2015-08/06/2015	2	\$41.04	Allstate Ins. Co.
0374512275-03	Z.S.	Charles Deng L.Ac.	99199	08/05/2015-08/27/2015	5	\$92.48	Allstate Ins. Co.
0374512275-03	Z.S.	Charles Deng L.Ac.	99199	09/01/2015-09/14/2015	3	\$138.72	Allstate Ins. Co.
0374553048-02	E.F.	Charles Deng L.Ac.	99199	07/08/2015-07/30/2015	10	\$462.40	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Charles Deng L.Ac.	99203	07/08/2015	1	\$54.74	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Charles Deng L.Ac.	99199	08/10/2015-08/27/2015	9	\$277.44	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Charles Deng L.Ac.	99199	09/14/2015-09/17/2015	2	\$92.48	Allstate Fire and Cas. Ins. Co.
0398385996-02	F.P.	Charles Deng L.Ac.	97810	01/11/2016-01/13/2016	3	\$90.00	Allstate Ins. Co.
0398385996-02	F.P.	Charles Deng L.Ac.	97810	01/11/2016-01/13/2016	3	\$61.56	Allstate Ins. Co.
0398385996-02	F.P.	Charles Deng L.Ac.	99199	01/11/2016-01/18/2016	5	\$231.20	Allstate Ins. Co.
0398385996-02	F.P.	Charles Deng L.Ac.	99203	01/11/2016	1	\$54.73	Allstate Ins. Co.
0398385996-02	F.P.	Charles Deng L.Ac.	99199	01/20/2016-02/16/2016	11	\$508.64	Allstate Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0398385996-02	F.P.	Charles Deng L.Ac.	99199	02/19/2016-03/14/2016	8	\$369.92	Allstate Ins. Co.
0398385996-02	F.P.	Charles Deng L.Ac.	97810	02/29/2016	1	\$20.52	Allstate Ins. Co.
0411304496-01	I.L.	Charles Deng L.Ac.	99199	05/04/2016-05/16/2016	5	\$250.00	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	Charles Deng L.Ac.	99203	05/04/2016	1	\$54.73	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	Charles Deng L.Ac.	97810	05/24/2016-06/01/2016	2	\$41.04	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	Charles Deng L.Ac.	99199	05/24/2016-06/15/2016	8	\$400.00	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	Charles Deng L.Ac.	97781	06/10/2016-06/15/2016	2	\$107.14	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	Charles Deng L.Ac.	97781	06/16/2016-07/08/2016	3	\$160.71	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	Charles Deng L.Ac.	99199	06/16/2016-07/08/2016	4	\$200.00	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	Charles Deng L.Ac.	97813	08/04/2016-08/05/2016	2	\$44.96	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	Charles Deng L.Ac.	99199	04/21/2016-05/12/2016	6	\$300.00	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	Charles Deng L.Ac.	99203	04/21/2016	1	\$54.73	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	Charles Deng L.Ac.	99199	05/24/2016-06/10/2016	7	\$350.00	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	Charles Deng L.Ac.	97781	06/03/2016-06/08/2016	2	\$107.14	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	Charles Deng L.Ac.	97810	06/16/2016-06/22/2016	2	\$41.04	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	Charles Deng L.Ac.	99199	06/16/2016-07/07/2016	3	\$150.00	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	Charles Deng L.Ac.	97810	07/13/2016-08/03/2016	4	\$82.08	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	Charles Deng L.Ac.	99199	07/13/2016-07/27/2016	3	\$138.72	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	Charles Deng L.Ac.	97810	08/04/2016-08/05/2016	2	\$41.04	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	Charles Deng L.Ac.	99199	09/07/2016-09/08/2016	2	\$100.00	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	Charles Deng L.Ac.	97810	09/16/2016	1	\$20.52	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	Charles Deng L.Ac.	99203	10/07/2016	1	\$54.73	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	Charles Deng L.Ac.	99203	10/10/2016	1	\$54.73	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	Charles Deng L.Ac.	99199	11/02/2016-11/28/2016	6	\$277.44	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	Charles Deng L.Ac.	97810	12/07/2016-12/20/2016	5	\$102.60	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	Charles Deng L.Ac.	97810	01/05/2017-01/23/2017	5	\$102.60	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	Charles Deng L.Ac.	97810	10/07/2016-10/12/2016	3	\$61.56	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	Charles Deng L.Ac.	99203	10/07/2016	1	\$54.73	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	Charles Deng L.Ac.	99199	11/02/2016-11/29/2016	6	\$277.44	Allstate Fire and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0431774421-04	M.J.	Charles Deng L.Ac.	99199	02/06/2017-02/13/2017	3	\$138.72	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	Charles Deng L.Ac.	99203	10/07/2016	1	\$54.73	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	Charles Deng L.Ac.	99199	11/02/2016-11/28/2016	5	\$231.20	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	Charles Deng L.Ac.	99199	11/30/2016-12/27/2016	6	\$277.44	Allstate Fire and Cas. Ins. Co.
0434546750-02	S.B.	Charles Deng L.Ac.	99199	10/19/2016-11/09/2016	5	\$250.00	Allstate Ins. Co.
0434546750-02	S.B.	Charles Deng L.Ac.	99203	10/19/2016	1	\$54.73	Allstate Ins. Co.
0434546750-11	E.I.	Charles Deng L.Ac.	99199	01/04/2016-11/11/2016	5	\$250.00	Allstate Ins. Co.
0434546750-11	E.I.	Charles Deng L.Ac.	99203	10/25/2016	1	\$54.73	Allstate Ins. Co.
0434546750-11	E.I.	Charles Deng L.Ac.	99199	11/23/2016-11/28/2016	2	\$92.48	Allstate Ins. Co.
0434546750-11	E.I.	Charles Deng L.Ac.	99199	11/29/2016-12/12/2016	3	\$138.72	Allstate Ins. Co.
0436499486-02	S.M.	Charles Deng L.Ac.	97813	11/28/2016	1	\$22.48	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	Charles Deng L.Ac.	99199	11/28/2016	1	\$46.24	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	Charles Deng L.Ac.	99203	11/28/2016	1	\$54.73	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	Charles Deng L.Ac.	99199	12/07/2016-12/15/2016	3	\$150.00	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	Charles Deng L.Ac.	97810	01/03/2017-01/17/2017	2	\$41.04	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	Charles Deng L.Ac.	97813	01/04/2017	1	\$22.48	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	Charles Deng L.Ac.	99199	01/24/2017-02/03/2017	3	\$150.00	Allstate Fire and Cas. Ins. Co.
0288265572-02	A.F.	Darren Mollo DC	98941	09/03/2013-09/18/2013	6	\$208.08	Allstate Ins. Co.
0288265572-02	A.F.	Darren Mollo DC	98941	10/14/2013	1	\$34.68	Allstate Ins. Co.
0293324331-02	D.M.	Darren Mollo DC	98941	09/03/2013-09/19/2013	7	\$242.76	Allstate Ins. Co.
0294866694-01	J.B.	Darren Mollo DC	98941	09/05/2013-09/19/2013	3	\$104.04	Allstate Prop. and Cas. Ins. Co.
0296244239-02	B.H.	Darren Mollo DC	98941	09/03/2013-09/13/2013	4	\$138.72	Allstate Ins. Co.
0296244239-02	B.H.	Darren Mollo DC	98941	09/24/2013-10/11/2013	6	\$208.08	Allstate Ins. Co.
0296244239-02	B.H.	Darren Mollo DC	99212	10/11/2013	1	\$26.41	Allstate Ins. Co.
0296244239-02	B.H.	Darren Mollo DC	98941	10/16/2013-10/23/2013	3	\$104.04	Allstate Ins. Co.
0296244239-02	B.H.	Darren Mollo DC	98940	10/17/2013	1	\$26.41	Allstate Ins. Co.
0296244239-02	B.H.	Darren Mollo DC	99212	10/23/2013	1	\$26.41	Allstate Ins. Co.
0296244239-02	B.H.	Darren Mollo DC	98940	11/22/2013	1	\$26.41	Allstate Ins. Co.
0296244239-02	B.H.	Darren Mollo DC	98941	11/26/2013-12/03/2013	2	\$34.68	Allstate Ins. Co.

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i> Representative Sample of Fraudulent Claims Paid to Defendants</p>							
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0296244239-02	B.H.	Darren Mollo DC	98941	12/06/2013-01/02/2014	2	\$69.36	Allstate Ins. Co.
0296244239-02	B.H.	Darren Mollo DC	98940	12/12/2013	1	\$26.41	Allstate Ins. Co.
0298350612-01	N.P.	Darren Mollo DC	99203	09/04/2013	1	\$54.74	Allstate Prop. and Cas. Ins. Co.
0298350612-01	N.P.	Darren Mollo DC	98941	09/10/2013-09/12/2013	2	\$69.36	Allstate Prop. and Cas. Ins. Co.
0298350612-01	N.P.	Darren Mollo DC	98940	09/23/2013	1	\$26.41	Allstate Prop. and Cas. Ins. Co.
0298350612-01	N.P.	Darren Mollo DC	98941	09/26/2013-10/11/2013	7	\$242.76	Allstate Prop. and Cas. Ins. Co.
0298350612-01	N.P.	Darren Mollo DC	98941	10/17/2013-11/05/2013	3	\$104.04	Allstate Prop. and Cas. Ins. Co.
0298350612-01	N.P.	Darren Mollo DC	98940	11/01/2013	1	\$26.41	Allstate Prop. and Cas. Ins. Co.
0298350612-01	N.P.	Darren Mollo DC	98941	11/20/2013	1	\$34.68	Allstate Prop. and Cas. Ins. Co.
0298350612-01	N.P.	Darren Mollo DC	98941	12/09/2013	1	\$34.68	Allstate Prop. and Cas. Ins. Co.
0299083659-01	M.Y.	Darren Mollo DC	99203	09/19/2013	1	\$54.74	Allstate Ins. Co.
0299083659-01	M.Y.	Darren Mollo DC	98941	09/20/2013-10/14/2013	8	\$277.44	Allstate Ins. Co.
0299083659-01	M.Y.	Darren Mollo DC	98940	09/23/2013	1	\$26.41	Allstate Ins. Co.
0299083659-01	M.Y.	Darren Mollo DC	98941	11/05/2013-11/06/2013	2	\$69.36	Allstate Ins. Co.
0299083659-01	M.Y.	Darren Mollo DC	98941	11/08/2013-12/04/2013	7	\$242.76	Allstate Ins. Co.
0299083659-01	M.Y.	Darren Mollo DC	98941	12/09/2013-12/27/2013	6	\$208.08	Allstate Ins. Co.
0299585850-02	L.G.	Darren Mollo DC	99203	08/26/2013	1	\$54.74	Allstate Prop. and Cas. Ins. Co.
0299585850-02	L.G.	Darren Mollo DC	98941	08/27/2013-09/12/2013	7	\$242.76	Allstate Prop. and Cas. Ins. Co.
0299585850-02	L.G.	Darren Mollo DC	98941	10/03/2013-10/11/2013	5	\$173.40	Allstate Prop. and Cas. Ins. Co.
0299585850-02	L.G.	Darren Mollo DC	98941	10/16/2013-11/04/2013	8	\$277.44	Allstate Prop. and Cas. Ins. Co.
0299585850-02	L.G.	Darren Mollo DC	98941	12/06/2013-12/13/2013	3	\$104.04	Allstate Prop. and Cas. Ins. Co.
0299585850-02	L.G.	Darren Mollo DC	98940	12/18/2013	1	\$26.41	Allstate Prop. and Cas. Ins. Co.
0302803937-04	A.S.	Darren Mollo DC	99203	10/30/2013	1	\$54.74	Allstate Ins. Co.
0302803937-04	A.S.	Darren Mollo DC	98941	11/01/2013-11/05/2013	3	\$104.04	Allstate Ins. Co.
0302803937-04	A.S.	Darren Mollo DC	98941	11/13/2013-11/19/2013	4	\$138.72	Allstate Ins. Co.
0302803937-04	A.S.	Darren Mollo DC	98941	12/04/2013-01/02/2014	4	\$138.72	Allstate Ins. Co.
0302803937-04	A.S.	Darren Mollo DC	97139	12/11/2013	1	\$16.70	Allstate Ins. Co.
0302803937-04	A.S.	Darren Mollo DC	98940	12/11/2013	1	\$26.41	Allstate Ins. Co.
0302803937-04	A.S.	Darren Mollo DC	98941	01/06/2014	1	\$34.68	Allstate Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0302803937-04	A.S.	Darren Mollo DC	99212	01/13/2014	1	\$26.41	Allstate Ins. Co.
0302803937-04	A.S.	Darren Mollo DC	99212	04/01/2014	1	\$26.41	Allstate Ins. Co.
0302803937-04	A.S.	Darren Mollo DC	98941	04/02/2014	1	\$34.68	Allstate Ins. Co.
0302803937-05	B.S.	Darren Mollo DC	M9999	10/25/2013	1	\$54.74	Allstate Ins. Co.
0302803937-05	B.S.	Darren Mollo DC	98941	10/29/2013-11/04/2013	4	\$138.72	Allstate Ins. Co.
0302803937-05	B.S.	Darren Mollo DC	98941	11/06/2013-12/03/2013	9	\$312.12	Allstate Ins. Co.
0302803937-05	B.S.	Darren Mollo DC	97139	11/18/2013	1	\$11.56	Allstate Ins. Co.
0302803937-05	B.S.	Darren Mollo DC	98941	12/04/2013-12/26/2013	7	\$242.76	Allstate Ins. Co.
0302803937-05	B.S.	Darren Mollo DC	99212	12/09/2013	1	\$26.41	Allstate Ins. Co.
0302803937-05	B.S.	Darren Mollo DC	98941	01/06/2014-01/30/2014	8	\$277.44	Allstate Ins. Co.
0303475743-01	M.G.	Darren Mollo DC	98941	11/01/2013-11/27/2013	7	\$242.76	Allstate Prop. and Cas. Ins. Co.
0303475743-01	M.G.	Darren Mollo DC	99203	11/01/2013	1	\$54.74	Allstate Prop. and Cas. Ins. Co.
0303475743-01	M.G.	Darren Mollo DC	98940	12/05/2013	1	\$26.41	Allstate Prop. and Cas. Ins. Co.
0303475743-01	M.G.	Darren Mollo DC	98941	12/12/2013-12/27/2013	3	\$104.04	Allstate Prop. and Cas. Ins. Co.
0303475743-01	M.G.	Darren Mollo DC	98941	01/14/2014-01/20/2014	3	\$104.04	Allstate Prop. and Cas. Ins. Co.
0303475743-01	M.G.	Darren Mollo DC	98941	01/31/2014	1	\$34.68	Allstate Prop. and Cas. Ins. Co.
0305061376-02	A.V.	Darren Mollo DC	98941	02/25/2014	1	\$34.68	Allstate Fire and Cas. Ins. Co.
0315420661-02	L.S.	Darren Mollo DC	98941	01/29/2014-02/17/2014	6	\$208.08	Allstate Ins. Co.
0315420661-02	L.S.	Darren Mollo DC	99203	01/29/2014	1	\$54.74	Allstate Ins. Co.
0315420661-02	L.S.	Darren Mollo DC	98940	02/04/2014-02/10/2014	3	\$79.23	Allstate Ins. Co.
0315420661-02	L.S.	Darren Mollo DC	98941	02/26/2014-03/12/2014	4	\$138.72	Allstate Ins. Co.
0315420661-02	L.S.	Darren Mollo DC	98940	03/04/2014	1	\$26.41	Allstate Ins. Co.
0315420661-02	L.S.	Darren Mollo DC	98941	03/17/2014-04/01/2014	6	\$208.08	Allstate Ins. Co.
0315420661-02	L.S.	Darren Mollo DC	98941	04/04/2014-05/06/2014	8	\$277.44	Allstate Ins. Co.
0315420661-02	L.S.	Darren Mollo DC	99212	04/09/2014	1	\$26.41	Allstate Ins. Co.
0319843156-02	J.P.	Darren Mollo DC	98941	03/28/2014-04/02/2014	3	\$104.04	Allstate Ins. Co.
0319843156-02	J.P.	Darren Mollo DC	98941	04/04/2014-05/01/2014	6	\$208.08	Allstate Ins. Co.
0319843156-02	J.P.	Darren Mollo DC	98941	05/15/2014-05/22/2014	2	\$69.36	Allstate Ins. Co.
0319843156-02	J.P.	Darren Mollo DC	98941	05/16/2014	1	\$34.68	Allstate Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0324099315-01	J.G.	Darren Mollo DC	98940	05/20/2014	1	\$26.41	Allstate Prop. and Cas. Ins. Co.
0324099315-01	J.G.	Darren Mollo DC	99203	05/20/2014	1	\$51.62	Allstate Prop. and Cas. Ins. Co.
0326267416-10	L.G.	Darren Mollo DC	98941	05/15/2014-06/12/2014	5	\$162.01	Allstate Fire and Cas. Ins. Co.
0326267416-10	L.G.	Darren Mollo DC	99203	05/15/2014	1	\$54.74	Allstate Fire and Cas. Ins. Co.
0333596995-01	M.J.	Darren Mollo DC	99203	08/11/2014	1	\$54.74	Allstate Ins. Co.
0333596995-01	M.J.	Darren Mollo DC	98941	09/22/2014-10/13/2014	3	\$104.04	Allstate Ins. Co.
0333596995-01	M.J.	Darren Mollo DC	99212	10/13/2014	1	\$26.41	Allstate Ins. Co.
0333596995-01	M.J.	Darren Mollo DC	98940	10/17/2014	1	\$26.41	Allstate Ins. Co.
0333596995-01	M.J.	Darren Mollo DC	98941	10/29/2014-11/07/2014	2	\$69.36	Allstate Ins. Co.
0333596995-01	M.J.	Darren Mollo DC	98941	11/14/2014-11/19/2014	2	\$69.36	Allstate Ins. Co.
0335624920-01	A.F.	Darren Mollo DC	99203	08/26/2014	1	\$54.74	Allstate Ins. Co.
0335624920-01	A.F.	Darren Mollo DC	98941	08/28/2014-09/08/2014	5	\$173.40	Allstate Ins. Co.
0335624920-01	A.F.	Darren Mollo DC	98941	09/23/2014	1	\$34.68	Allstate Ins. Co.
0336215595-02	L.B.	Darren Mollo DC	99203	08/28/2014	1	\$54.74	Allstate Fire and Cas. Ins. Co.
0336215595-02	L.B.	Darren Mollo DC	98940	09/09/2014	1	\$26.41	Allstate Fire and Cas. Ins. Co.
0336215595-02	L.B.	Darren Mollo DC	98941	10/16/2014	1	\$34.68	Allstate Fire and Cas. Ins. Co.
0340022847-01	J.M.	Darren Mollo DC	98941	09/22/2014-10/20/2014	9	\$312.12	Allstate Prop. and Cas. Ins. Co.
0340022847-01	J.M.	Darren Mollo DC	98941	10/24/2014-11/07/2014	3	\$104.04	Allstate Prop. and Cas. Ins. Co.
0340022847-01	J.M.	Darren Mollo DC	98941	11/19/2014-12/12/2014	6	\$208.08	Allstate Prop. and Cas. Ins. Co.
0340022847-01	J.M.	Darren Mollo DC	98941	12/19/2014	1	\$34.68	Allstate Prop. and Cas. Ins. Co.
0342499539-01	J.R.	Darren Mollo DC	98941	10/09/2014-10/22/2014	4	\$138.72	Allstate Ins. Co.
0342499539-01	J.R.	Darren Mollo DC	99203	10/09/2014	1	\$54.74	Allstate Ins. Co.
0342499539-01	J.R.	Darren Mollo DC	98941	11/12/2014-11/26/2014	3	\$104.04	Allstate Ins. Co.
0342499539-01	J.R.	Darren Mollo DC	98941	12/29/2014-01/19/2015	6	\$208.08	Allstate Ins. Co.
0342499539-01	J.R.	Darren Mollo DC	99212	12/29/2014	1	\$26.41	Allstate Ins. Co.
0342499539-01	J.R.	Darren Mollo DC	98940	01/30/2015-02/02/2015	2	\$52.82	Allstate Ins. Co.
0342499539-01	J.R.	Darren Mollo DC	98941	02/04/2015	1	\$34.68	Allstate Ins. Co.
0342499539-01	J.R.	Darren Mollo DC	98941	03/18/2015-04/13/2015	5	\$69.36	Allstate Ins. Co.
0374124246-03	P.G.	Darren Mollo DC	99203	06/03/2015	1	\$54.74	Allstate Prop. and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0374124246-03	P.G.	Darren Mollo DC	98941	06/08/2015-06/22/2015	2	\$69.36	Allstate Prop. and Cas. Ins. Co.
0374124246-03	P.G.	Darren Mollo DC	98940	06/15/2015-06/19/2015	2	\$52.82	Allstate Prop. and Cas. Ins. Co.
0374124246-03	P.G.	Darren Mollo DC	98940	07/06/2015-07/13/2015	2	\$52.82	Allstate Prop. and Cas. Ins. Co.
0374124246-03	P.G.	Darren Mollo DC	98941	07/27/2015	1	\$34.68	Allstate Prop. and Cas. Ins. Co.
0374512275-02	B.S.	Darren Mollo DC	99203	07/06/2015	1	\$54.74	Allstate Ins. Co.
0374512275-02	B.S.	Darren Mollo DC	98940	07/22/2015-07/27/2015	2	\$52.82	Allstate Ins. Co.
0374512275-02	B.S.	Darren Mollo DC	98940	08/12/2015	1	\$26.41	Allstate Ins. Co.
0374512275-03	Z.S.	Darren Mollo DC	98940	08/12/2015	1	\$26.41	Allstate Ins. Co.
0374553048-02	E.F.	Darren Mollo DC	99203	07/15/2015	1	\$54.74	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Darren Mollo DC	98941	07/22/2015-07/29/2015	2	\$69.36	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Darren Mollo DC	98941	08/12/2015-08/26/2015	2	\$69.36	Allstate Fire and Cas. Ins. Co.
0595435132-01	K.F.	Darren Mollo DC	72040	08/17/2020	1	\$46.40	Allstate Fire and Cas. Ins. Co.
0595435132-01	K.F.	Darren Mollo DC	72100	08/17/2020	1	\$36.06	Allstate Fire and Cas. Ins. Co.
0595435132-01	K.F.	Darren Mollo DC	73030	08/17/2020	1	\$38.88	Allstate Fire and Cas. Ins. Co.
0595435132-01	K.F.	Darren Mollo DC	98941	08/17/2020	1	\$18.63	Allstate Fire and Cas. Ins. Co.
0595435132-01	K.F.	Darren Mollo DC	99203	08/17/2020	1	\$43.79	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	Energy Chiropractic PC	98941	10/31/2016-11/11/2016	5	\$173.40	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	Energy Chiropractic PC	98940	11/02/2016	1	\$26.41	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	Energy Chiropractic PC	97012	11/03/2016-11/11/2016	3	\$34.68	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	Energy Chiropractic PC	98941	12/05/2016-12/12/2016	3	\$104.04	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	Energy Chiropractic PC	98941	12/19/2016-01/04/2017	3	\$104.04	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	Energy Chiropractic PC	98940	10/31/2016-11/10/2016	4	\$105.64	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	Energy Chiropractic PC	98941	11/16/2016	1	\$34.68	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	Energy Chiropractic PC	98941	11/21/2016-12/12/2016	4	\$138.72	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	Energy Chiropractic PC	98940	11/30/2016	1	\$26.41	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	Energy Chiropractic PC	98941	12/14/2016-01/04/2017	4	\$138.72	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	Energy Chiropractic PC	98940	12/19/2016	1	\$26.41	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	Energy Chiropractic PC	98941	10/31/2016-11/21/2016	9	\$312.12	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	Energy Chiropractic PC	98941	12/05/2016-12/12/2016	3	\$104.04	Allstate Fire and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0431774421-03	D.S.	Energy Chiropractic PC	98941	12/14/2016-12/30/2016	5	\$173.40	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	Energy Chiropractic PC	98941	01/11/2017-02/06/2017	7	\$69.36	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	Energy Chiropractic PC	98941	10/31/2016-11/21/2016	6	\$208.08	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	Energy Chiropractic PC	98940	11/02/2016	1	\$26.41	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	Energy Chiropractic PC	98941	11/30/2016-12/12/2016	4	\$138.72	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	Energy Chiropractic PC	98941	12/14/2016-01/04/2017	5	\$173.40	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	Energy Chiropractic PC	98941	01/09/2017-02/06/2017	8	\$138.72	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	Energy Chiropractic PC	98941	11/02/2016-11/21/2016	6	\$208.08	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	Energy Chiropractic PC	98941	11/30/2016-12/07/2016	3	\$104.04	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	Energy Chiropractic PC	98940	12/12/2016	1	\$26.41	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	Energy Chiropractic PC	98940	12/14/2016-12/21/2016	3	\$79.23	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	Energy Chiropractic PC	98941	12/28/2016-01/09/2017	3	\$104.04	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	Energy Chiropractic PC	98940	01/11/2017-01/23/2017	2	\$52.82	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	Energy Chiropractic PC	98941	01/25/2017-02/01/2017	2	\$69.36	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	Energy Chiropractic PC	98941	02/06/2017-02/27/2017	3	\$104.04	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	Energy Chiropractic PC	98940	02/15/2017	1	\$26.41	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	Energy Chiropractic PC	98941	03/06/2017-03/27/2017	5	\$173.40	Allstate Fire and Cas. Ins. Co.
0434546750-02	S.B.	Energy Chiropractic PC	98941	11/10/2016	1	\$34.68	Allstate Ins. Co.
0434546750-11	E.I.	Energy Chiropractic PC	98941	11/02/2016-11/17/2016	6	\$208.08	Allstate Ins. Co.
0434546750-11	E.I.	Energy Chiropractic PC	97012	12/12/2016	1	\$11.56	Allstate Ins. Co.
0434546750-11	E.I.	Energy Chiropractic PC	98941	12/12/2016	1	\$34.68	Allstate Ins. Co.
0434546750-11	E.I.	Energy Chiropractic PC	98941	12/19/2016-01/05/2017	2	\$69.36	Allstate Ins. Co.
0436499486-02	S.M.	Energy Chiropractic PC	99203	11/18/2016	1	\$54.73	Allstate Fire and Cas. Ins. Co.
0446478414-02	B.M.	Energy Chiropractic PC	99203	02/16/2017	1	\$54.73	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	Energy Chiropractic PC	98941	02/17/2017-03/20/2017	5	\$173.40	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	Energy Chiropractic PC	98941	03/22/2017-03/27/2017	2	\$69.36	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	Energy Chiropractic PC	98941	04/03/2017-04/24/2017	6	\$208.08	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	Energy Chiropractic PC	98941	04/26/2017-05/08/2017	5	\$173.40	Allstate Prop. and Cas. Ins. Co.
0476244595-03	J.M.	Energy Chiropractic PC	99203	10/19/2017	1	\$54.73	Allstate Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0482079902-02	S.B.	Energy Chiropractic PC	99203	11/14/2017	1	\$54.73	Allstate Fire and Cas. Ins. Co.
0482079902-02	S.B.	Energy Chiropractic PC	98941	11/17/2017	1	\$34.68	Allstate Fire and Cas. Ins. Co.
0492252812-02	S.B.	Energy Chiropractic PC	99203	02/23/2018	1	\$54.73	Allstate Ins. Co.
0492252812-02	S.B.	Energy Chiropractic PC	98941	02/26/2018-02/27/2018	2	\$69.36	Allstate Ins. Co.
0492252812-02	S.B.	Energy Chiropractic PC	98941	03/02/2018-03/28/2018	11	\$381.48	Allstate Ins. Co.
0492252812-02	S.B.	Energy Chiropractic PC	98941	04/09/2018-04/30/2018	9	\$312.12	Allstate Ins. Co.
0492252812-02	S.B.	Energy Chiropractic PC	98941	05/02/2018-05/25/2018	6	\$208.08	Allstate Ins. Co.
0492252812-02	S.B.	Energy Chiropractic PC	93740	05/09/2018	1	\$97.74	Allstate Ins. Co.
0492252812-02	S.B.	Energy Chiropractic PC	99212	05/09/2018	1	\$26.41	Allstate Ins. Co.
0492252812-02	S.B.	Energy Chiropractic PC	98941	05/30/2018-06/20/2018	7	\$242.76	Allstate Ins. Co.
0492252812-02	S.B.	Energy Chiropractic PC	98941	06/25/2018-07/18/2018	7	\$104.04	Allstate Ins. Co.
0496020934-01	E.D.	Energy Chiropractic PC	99203	03/23/2018	1	\$54.73	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Energy Chiropractic PC	98941	03/26/2018-03/28/2018	3	\$104.04	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Energy Chiropractic PC	98941	04/09/2018-04/26/2018	9	\$312.12	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Energy Chiropractic PC	98941	05/02/2018-05/29/2018	6	\$208.08	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Energy Chiropractic PC	98941	05/30/2018-06/18/2018	5	\$173.40	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	Energy Chiropractic PC	99203	03/23/2018	1	\$54.73	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	Energy Chiropractic PC	98941	03/28/2018	1	\$34.68	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	Energy Chiropractic PC	98941	04/09/2018-04/30/2018	10	\$346.80	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	Energy Chiropractic PC	98941	05/01/2018-05/29/2018	7	\$242.76	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	Energy Chiropractic PC	98941	05/30/2018-06/25/2018	9	\$312.12	Allstate Fire and Cas. Ins. Co.
0505336941-02	P.G.	Energy Chiropractic PC	72050	06/06/2018	1	\$83.98	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Energy Chiropractic PC	72100	06/06/2018	1	\$45.07	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Energy Chiropractic PC	99203	06/06/2018	1	\$54.73	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Energy Chiropractic PC	98941	06/07/2018-06/22/2018	8	\$277.44	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Energy Chiropractic PC	76499	06/20/2018	1	\$500.00	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Energy Chiropractic PC	98941	06/25/2018-07/18/2018	12	\$416.16	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Energy Chiropractic PC	98941	07/24/2018-08/08/2018	7	\$242.76	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Energy Chiropractic PC	98941	08/15/2018-09/05/2018	8	\$277.44	Allstate Prop. and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0505336941-02	P.G.	Energy Chiropractic PC	98941	09/12/2018-09/26/2018	6	\$208.08	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Energy Chiropractic PC	98941	10/03/2018-10/17/2018	4	\$138.72	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Energy Chiropractic PC	98941	10/22/2018-11/12/2018	7	\$242.76	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Energy Chiropractic PC	99212	11/06/2018	1	\$26.41	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Energy Chiropractic PC	98941	11/13/2018-11/28/2018	3	\$104.04	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Energy Chiropractic PC	98941	12/05/2018-12/17/2018	5	\$69.36	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Energy Chiropractic PC	99203	06/07/2018	1	\$54.73	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Energy Chiropractic PC	98941	06/08/2018-06/22/2018	7	\$242.76	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Energy Chiropractic PC	72050	06/22/2018	1	\$83.98	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Energy Chiropractic PC	72100	06/22/2018	1	\$45.07	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Energy Chiropractic PC	98941	06/25/2018-07/18/2018	11	\$381.48	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Energy Chiropractic PC	76499	07/18/2018	1	\$500.00	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Energy Chiropractic PC	98941	08/06/2018-08/14/2018	3	\$104.04	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Energy Chiropractic PC	98941	08/15/2018-09/05/2018	7	\$242.76	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Energy Chiropractic PC	98941	09/11/2018-09/25/2018	4	\$138.72	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Energy Chiropractic PC	98941	10/04/2018-10/18/2018	2	\$69.36	Allstate Prop. and Cas. Ins. Co.
0512214957-01	R.D.	Energy Chiropractic PC	99203	08/06/2018	1	\$54.73	Allstate Fire and Cas. Ins. Co.
0512214957-01	R.D.	Energy Chiropractic PC	72040	08/07/2018	1	\$49.41	Allstate Fire and Cas. Ins. Co.
0512214957-01	R.D.	Energy Chiropractic PC	72110	08/07/2018	1	\$87.60	Allstate Fire and Cas. Ins. Co.
0512214957-01	R.D.	Energy Chiropractic PC	98941	08/07/2018-08/08/2018	2	\$46.24	Allstate Fire and Cas. Ins. Co.
0512214957-01	R.D.	Energy Chiropractic PC	98941	09/25/2018-09/27/2018	2	\$69.36	Allstate Fire and Cas. Ins. Co.
0512214957-01	R.D.	Energy Chiropractic PC	98941	10/02/2018-10/22/2018	5	\$173.40	Allstate Fire and Cas. Ins. Co.
0512214957-01	R.D.	Energy Chiropractic PC	98941	10/24/2018-11/13/2018	4	\$138.72	Allstate Fire and Cas. Ins. Co.
0512214957-01	R.D.	Energy Chiropractic PC	98941	11/28/2018	1	\$34.68	Allstate Fire and Cas. Ins. Co.
0512214957-01	R.D.	Energy Chiropractic PC	98941	01/09/2019	1	\$34.68	Allstate Fire and Cas. Ins. Co.
0555672849-02	E.D.	Energy Chiropractic PC	99203	08/01/2019	1	\$54.74	Allstate Fire and Cas. Ins. Co.
0597828532-02	A.P.	Energy Chiropractic PC	99203	08/19/2020	1	\$54.74	Allstate Indemnity Co.
0597828532-02	A.P.	Energy Chiropractic PC	72040	08/21/2020	1	\$65.88	Allstate Indemnity Co.
0597828532-02	A.P.	Energy Chiropractic PC	72070	08/21/2020	1	\$47.78	Allstate Indemnity Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0597828532-02	A.P.	Energy Chiropractic PC	72100	08/21/2020	1	\$45.07	Allstate Indemnity Co.
0597828532-02	A.P.	Energy Chiropractic PC	98941	08/21/2020-09/04/2020	5	\$173.40	Allstate Indemnity Co.
0597828532-02	A.P.	Energy Chiropractic PC	98941	09/25/2020-10/16/2020	5	\$240.36	Allstate Indemnity Co.
0608935029-02	R.C.	Energy Chiropractic PC	99203	01/14/2021	1	\$75.00	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	FJL Medical Services PC	99215	07/13/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	FJL Medical Services PC	99215	09/07/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	FJL Medical Services PC	99215	11/02/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	FJL Medical Services PC	99215	07/22/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0420227332-03	G.G.	FJL Medical Services PC	99244	07/18/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0423203900-01	R.D.	FJL Medical Services PC	99244	08/22/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0423203900-01	R.D.	FJL Medical Services PC	99215	09/07/2016	1	\$64.07	Allstate Fire and Cas. Ins. Co.
0423203900-01	R.D.	FJL Medical Services PC	99215	10/10/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0430328526-03	N.Y.	FJL Medical Services PC	99244	11/21/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0430768903-01	J.M.	FJL Medical Services PC	20610	10/05/2016	1	\$57.26	Allstate Fire and Cas. Ins. Co.
0430768903-01	J.M.	FJL Medical Services PC	76942	10/05/2016	1	\$262.91	Allstate Fire and Cas. Ins. Co.
0430768903-01	J.M.	FJL Medical Services PC	99244	10/05/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0430768903-02	C.C.	FJL Medical Services PC	99244	10/05/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	FJL Medical Services PC	99244	10/26/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	FJL Medical Services PC	99244	10/12/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	FJL Medical Services PC	99215	11/01/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	FJL Medical Services PC	99244	10/12/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	FJL Medical Services PC	99215	10/26/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	FJL Medical Services PC	99215	11/16/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	FJL Medical Services PC	99244	10/12/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	FJL Medical Services PC	99215	11/01/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	FJL Medical Services PC	76942	10/12/2016	1	\$262.91	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	FJL Medical Services PC	99244	10/12/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	FJL Medical Services PC	76942	11/01/2016	1	\$262.91	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	FJL Medical Services PC	99215	11/01/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0434546750-11	E.I.	FJL Medical Services PC	99244	11/04/2016	1	\$236.94	Allstate Ins. Co.
0434546750-11	E.I.	FJL Medical Services PC	99215	11/23/2016	1	\$148.69	Allstate Ins. Co.
0434704607-02	L.S.	FJL Medical Services PC	99244	11/02/2016	1	\$104.08	Allstate Fire and Cas. Ins. Co.
0434704607-09	D.T.	FJL Medical Services PC	99244	11/08/2016	1	\$104.08	Allstate Fire and Cas. Ins. Co.
0434704607-09	D.T.	FJL Medical Services PC	99215	11/15/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	FJL Medical Services PC	99244	11/18/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0457648400-02	G.G.	FJL Medical Services PC	99244	07/20/2017	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0462711755-01	D.L.	FJL Medical Services PC	99244	07/20/2017	1	\$104.08	Allstate Fire and Cas. Ins. Co.
0462711755-07	E.S.	FJL Medical Services PC	99244	07/20/2017	1	\$104.08	Allstate Fire and Cas. Ins. Co.
0462711755-08	R.P.	FJL Medical Services PC	99244	07/20/2017	1	\$104.08	Allstate Fire and Cas. Ins. Co.
0466317187-01	M.A.	FJL Medical Services PC	99244	08/09/2017	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0467961603-02	P.B.	FJL Medical Services PC	99213	10/05/2017	1	\$64.07	Allstate Fire and Cas. Ins. Co.
0477312516-02	E.J.	FJL Medical Services PC	99244	10/05/2017	1	\$236.94	Allstate Ins. Co.
0340022847-01	J.M.	Francis Joseph Lacina MD	97010	12/23/2014-01/22/2015	14	\$255.50	Allstate Prop. and Cas. Ins. Co.
0340022847-01	J.M.	Francis Joseph Lacina MD	97110	12/23/2014-01/22/2015	14	\$324.52	Allstate Prop. and Cas. Ins. Co.
0340022847-01	J.M.	Francis Joseph Lacina MD	97124	12/23/2014-01/22/2015	14	\$282.94	Allstate Prop. and Cas. Ins. Co.
0340022847-01	J.M.	Francis Joseph Lacina MD	97799	12/23/2014-01/22/2015	14	\$83.44	Allstate Prop. and Cas. Ins. Co.
0340022847-01	J.M.	Francis Joseph Lacina MD	99244	01/12/2015	1	\$236.94	Allstate Prop. and Cas. Ins. Co.
0340022847-01	J.M.	Francis Joseph Lacina MD	99215	02/06/2015	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0342499539-01	J.R.	Francis Joseph Lacina MD	97010	12/24/2014-01/20/2015	10	\$182.50	Allstate Ins. Co.
0342499539-01	J.R.	Francis Joseph Lacina MD	97110	12/24/2014-01/20/2015	10	\$231.80	Allstate Ins. Co.
0342499539-01	J.R.	Francis Joseph Lacina MD	97124	12/24/2014-01/20/2015	10	\$202.10	Allstate Ins. Co.
0342499539-01	J.R.	Francis Joseph Lacina MD	20553	01/19/2015	1	\$119.10	Allstate Ins. Co.
0342499539-01	J.R.	Francis Joseph Lacina MD	20999	01/19/2015	2	\$2,325.00	Allstate Ins. Co.
0342499539-01	J.R.	Francis Joseph Lacina MD	76942	01/19/2015	1	\$262.91	Allstate Ins. Co.
0342499539-01	J.R.	Francis Joseph Lacina MD	99244	01/19/2015	1	\$236.94	Allstate Ins. Co.
0342499539-01	J.R.	Francis Joseph Lacina MD	97010	01/30/2015-02/04/2015	3	\$54.75	Allstate Ins. Co.
0342499539-01	J.R.	Francis Joseph Lacina MD	97110	01/30/2015-02/04/2015	3	\$69.54	Allstate Ins. Co.
0342499539-01	J.R.	Francis Joseph Lacina MD	97124	01/30/2015-02/04/2015	3	\$60.63	Allstate Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0342499539-01	J.R.	Francis Joseph Lacina MD	97799	01/30/2015-02/04/2015	3	\$17.88	Allstate Ins. Co.
0377476239-01	L.C.	Francis Joseph Lacina MD	99244	10/28/2015	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0398385996-02	F.P.	Francis Joseph Lacina MD	20553	01/15/2016	1	\$119.10	Allstate Ins. Co.
0398385996-02	F.P.	Francis Joseph Lacina MD	76942	01/15/2016	1	\$262.91	Allstate Ins. Co.
0398385996-02	F.P.	Francis Joseph Lacina MD	97750	02/04/2016	1	\$166.64	Allstate Ins. Co.
0398385996-02	F.P.	Francis Joseph Lacina MD	95866	02/12/2016	1	\$114.32	Allstate Ins. Co.
0430768903-01	J.M.	JFL Medical Care PC	99215	12/14/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	JFL Medical Care PC	99215	12/07/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	JFL Medical Care PC	99215	02/15/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	JFL Medical Care PC	99215	12/07/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	JFL Medical Care PC	76942	12/16/2016	1	\$262.91	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	JFL Medical Care PC	99215	12/16/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	JFL Medical Care PC	99215	12/21/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	JFL Medical Care PC	99215	02/01/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	JFL Medical Care PC	99215	02/15/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	JFL Medical Care PC	99215	03/08/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0434704607-02	L.S.	JFL Medical Care PC	99215	11/29/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0434704607-02	L.S.	JFL Medical Care PC	99213	12/20/2016	1	\$64.07	Allstate Fire and Cas. Ins. Co.
0434704607-09	D.T.	JFL Medical Care PC	99215	11/23/2016	1	\$64.07	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	JFL Medical Care PC	99215	01/04/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	JFL Medical Care PC	99215	03/08/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0440453512-01	C.W.	JFL Medical Care PC	99244	12/27/2016	1	\$104.08	Allstate Fire and Cas. Ins. Co.
0440453512-01	C.W.	JFL Medical Care PC	99215	01/05/2017	1	\$64.07	Allstate Fire and Cas. Ins. Co.
0440453512-01	C.W.	JFL Medical Care PC	20552	01/25/2017	1	\$100.00	Allstate Fire and Cas. Ins. Co.
0440453512-01	C.W.	JFL Medical Care PC	76942	01/25/2017	1	\$262.91	Allstate Fire and Cas. Ins. Co.
0440453512-01	C.W.	JFL Medical Care PC	99215	01/25/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0440453512-01	C.W.	JFL Medical Care PC	99215	02/15/2017	1	\$64.07	Allstate Fire and Cas. Ins. Co.
0440453512-01	C.W.	JFL Medical Care PC	99215	02/22/2017	1	\$64.07	Allstate Fire and Cas. Ins. Co.
0440453512-01	C.W.	JFL Medical Care PC	99215	03/01/2017	1	\$64.07	Allstate Fire and Cas. Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0440453512-01	C.W.	JFL Medical Care PC	99215	03/22/2017	1	\$64.07	Allstate Fire and Cas. Ins. Co.
0440453512-01	C.W.	JFL Medical Care PC	99215	03/29/2017	1	\$64.07	Allstate Fire and Cas. Ins. Co.
0446478414-02	B.M.	JFL Medical Care PC	99244	02/15/2017	1	\$236.94	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	JFL Medical Care PC	99215	03/15/2017	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	JFL Medical Care PC	99215	03/22/2017	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	JFL Medical Care PC	99215	05/03/2017	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	JFL Medical Care PC	99215	05/17/2017	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0448810002-02	D.W.	JFL Medical Care PC	76942	03/30/2017	1	\$262.91	Allstate Fire and Cas. Ins. Co.
0448810002-02	D.W.	JFL Medical Care PC	99244	03/30/2017	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0448810002-02	D.W.	JFL Medical Care PC	20999	05/24/2017	2	\$2,525.00	Allstate Fire and Cas. Ins. Co.
0448810002-02	D.W.	JFL Medical Care PC	76942	05/24/2017	1	\$262.91	Allstate Fire and Cas. Ins. Co.
0448810002-02	D.W.	JFL Medical Care PC	99215	05/24/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0448810002-02	D.W.	JFL Medical Care PC	76942	06/13/2017	1	\$262.91	Allstate Fire and Cas. Ins. Co.
0448810002-02	D.W.	JFL Medical Care PC	99215	06/13/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0449850220-02	K.L.	JFL Medical Care PC	76942	05/17/2017	1	\$262.91	Allstate Indemnity Co.
0449850220-02	K.L.	JFL Medical Care PC	99244	05/17/2017	1	\$236.94	Allstate Indemnity Co.
0478186786-02	M.L.	JFL Medical Care PC	99244	10/25/2017	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0482079902-02	S.B.	JFL Medical Care PC	99244	11/14/2017	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0557707767-01	N.B.	JP Medical Services PC	99215	01/08/2020	1	\$64.07	Allstate Ins. Co.
0559511448-02	M.D.	JP Medical Services PC	20999	12/17/2019	2	\$1,500.00	Allstate Fire and Cas. Ins. Co.
0559511448-02	M.D.	JP Medical Services PC	99215	12/17/2019	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0562978064-02	G.A.	JP Medical Services PC	99215	12/27/2019	1	\$87.80	Allstate Prop. and Cas. Ins. Co.
0563379072-01	B.L.	JP Medical Services PC	20999	12/10/2019	2	\$1,550.00	Allstate Fire and Cas. Ins. Co.
0563379072-01	B.L.	JP Medical Services PC	99244	12/10/2019	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0563379072-01	B.L.	JP Medical Services PC	20999	01/23/2020	2	\$650.00	Allstate Fire and Cas. Ins. Co.
0563379072-01	B.L.	JP Medical Services PC	99215	01/23/2020	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0564349363-01	E.M.	JP Medical Services PC	99215	12/10/2019	1	\$87.80	Allstate Fire and Cas. Ins. Co.
0564349363-01	E.M.	JP Medical Services PC	99215	01/15/2020	1	\$87.80	Allstate Fire and Cas. Ins. Co.
0564349363-01	E.M.	JP Medical Services PC	99215	01/28/2020	1	\$87.80	Allstate Fire and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0567146238-03	R.W.	JP Medical Services PC	99215	12/10/2019	1	\$87.80	Allstate Ins. Co.
0567146238-03	R.W.	JP Medical Services PC	99215	12/18/2019	1	\$87.80	Allstate Ins. Co.
0567146238-03	R.W.	JP Medical Services PC	99215	01/13/2020	1	\$87.80	Allstate Ins. Co.
0567146238-03	R.W.	JP Medical Services PC	99215	01/30/2020	1	\$87.80	Allstate Ins. Co.
0567146238-03	R.W.	JP Medical Services PC	99215	02/04/2020	1	\$87.80	Allstate Ins. Co.
0567146238-03	R.W.	JP Medical Services PC	99215	02/10/2020	1	\$87.80	Allstate Ins. Co.
0567178421-01	T.S.	JP Medical Services PC	99244	12/17/2019	1	\$104.08	Allstate Ins. Co.
0567178421-01	T.S.	JP Medical Services PC	99215	12/30/2019	1	\$64.07	Allstate Ins. Co.
0567728472-01	W.D.	JP Medical Services PC	99244	01/08/2020	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0567765565-06	M.F.	JP Medical Services PC	20999	12/26/2019	2	\$475.00	Allstate Fire and Cas. Ins. Co.
0567765565-06	M.F.	JP Medical Services PC	99215	12/26/2019	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0568456115-02	K.M.	JP Medical Services PC	20999	11/27/2019	2	\$975.00	Allstate Fire and Cas. Ins. Co.
0568456115-02	K.M.	JP Medical Services PC	99244	11/27/2019	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0568456115-02	K.M.	JP Medical Services PC	20999	12/04/2019	2	\$1,075.00	Allstate Fire and Cas. Ins. Co.
0568456115-02	K.M.	JP Medical Services PC	99215	12/04/2019	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0568456115-02	K.M.	JP Medical Services PC	20999	12/10/2019	2	\$1,950.00	Allstate Fire and Cas. Ins. Co.
0568456115-02	K.M.	JP Medical Services PC	99215	12/10/2019	1	\$64.07	Allstate Fire and Cas. Ins. Co.
0568456115-02	K.M.	JP Medical Services PC	99215	02/07/2020	1	\$64.07	Allstate Fire and Cas. Ins. Co.
0570786467-06	W.L.	JP Medical Services PC	99244	01/09/2020	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0431259696-05	I.G.	JPC Medical PC	99205	01/26/2017	1	\$200.68	Allstate Indemnity Co.
0434552568-02	A.J.	JPC Medical PC	99205	02/16/2017	1	\$200.68	Allstate Ins. Co.
0434704607-09	D.T.	JPC Medical PC	99205	12/22/2016	1	\$200.68	Allstate Fire and Cas. Ins. Co.
0434704607-09	D.T.	JPC Medical PC	99205	01/24/2017	1	\$200.68	Allstate Fire and Cas. Ins. Co.
0436367817-03	M.K.	JPC Medical PC	99205	01/31/2017	1	\$200.68	Allstate Fire and Cas. Ins. Co.
0436730963-06	R.N.	JPC Medical PC	99205	02/02/2017	1	\$200.68	Allstate Ins. Co.
0438641714-03	P.W.	JPC Medical PC	99205	04/13/2017	1	\$200.68	Allstate Ins. Co.
0439267394-01	R.N.	JPC Medical PC	99205	04/25/2017	1	\$200.68	Allstate Ins. Co.
0440453512-01	C.W.	JPC Medical PC	99205	12/27/2016	1	\$200.68	Allstate Fire and Cas. Ins. Co.
0440453512-01	C.W.	JPC Medical PC	99215	01/24/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i> Representative Sample of Fraudulent Claims Paid to Defendants</p>							
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0440453512-01	C.W.	JPC Medical PC	99215	02/21/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0440453512-01	C.W.	JPC Medical PC	99358	02/21/2017	1	\$204.41	Allstate Fire and Cas. Ins. Co.
0440453512-01	C.W.	JPC Medical PC	99215	03/21/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0441705449-03	M.T.	JPC Medical PC	99205	03/07/2017	1	\$200.68	Allstate Prop. and Cas. Ins. Co.
0448810002-02	D.W.	JPC Medical PC	99205	03/13/2017	1	\$200.68	Allstate Fire and Cas. Ins. Co.
0448810002-02	D.W.	JPC Medical PC	99215	04/18/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0448810002-02	D.W.	JPC Medical PC	99215	05/16/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0448810002-02	D.W.	JPC Medical PC	99358	05/16/2017	1	\$204.41	Allstate Fire and Cas. Ins. Co.
0449850220-02	K.L.	JPC Medical PC	99205	04/18/2017	1	\$200.68	Allstate Indemnity Co.
0449854487-01	N.W.	JPC Medical PC	99205	04/25/2017	1	\$200.68	Allstate Ins. Co.
0449854487-02	L.W.	JPC Medical PC	99205	04/25/2017	1	\$200.68	Allstate Ins. Co.
0367613387-01	T.G.	JPF Medical Services PC	20553	10/25/2016	1	\$119.10	Allstate Fire and Cas. Ins. Co.
0367613387-01	T.G.	JPF Medical Services PC	20999	10/25/2016	2	\$1,040.00	Allstate Fire and Cas. Ins. Co.
0367613387-01	T.G.	JPF Medical Services PC	99214	10/25/2016	1	\$92.98	Allstate Fire and Cas. Ins. Co.
0367613387-01	T.G.	JPF Medical Services PC	20553	11/01/2016	1	\$119.10	Allstate Fire and Cas. Ins. Co.
0367613387-01	T.G.	JPF Medical Services PC	20999	11/01/2016	2	\$1,240.00	Allstate Fire and Cas. Ins. Co.
0367613387-01	T.G.	JPF Medical Services PC	99215	11/01/2016	1	\$92.98	Allstate Fire and Cas. Ins. Co.
0395201676-02	F.M.	JPF Medical Services PC	99215	10/07/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0420467748-02	L.H.	JPF Medical Services PC	20553	10/04/2016	1	\$119.10	Allstate Ins. Co.
0420467748-02	L.H.	JPF Medical Services PC	99215	10/04/2016	1	\$148.69	Allstate Ins. Co.
0429945370-01	D.B.	JPF Medical Services PC	20553	10/04/2016	1	\$119.10	Allstate Fire and Cas. Ins. Co.
0429945370-01	D.B.	JPF Medical Services PC	99244	10/04/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0429945370-01	D.B.	JPF Medical Services PC	20553	11/09/2016	1	\$119.10	Allstate Fire and Cas. Ins. Co.
0429945370-01	D.B.	JPF Medical Services PC	99215	02/01/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	JPF Medical Services PC	99244	10/07/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	JPF Medical Services PC	99244	10/07/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	JPF Medical Services PC	20552	10/07/2016	1	\$100.00	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	JPF Medical Services PC	76942	10/07/2016	1	\$262.91	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	JPF Medical Services PC	97026	10/07/2016	1	\$21.46	Allstate Fire and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0431774421-04	M.J.	JPF Medical Services PC	99244	10/07/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	JPF Medical Services PC	20553	10/07/2016	1	\$119.10	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	JPF Medical Services PC	76942	10/07/2016	1	\$262.91	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	JPF Medical Services PC	99244	10/07/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0433530375-01	R.M.	JPF Medical Services PC	20553	11/03/2016	1	\$119.10	Allstate Indemnity Co.
0433530375-01	R.M.	JPF Medical Services PC	20553	11/29/2016	1	\$119.10	Allstate Indemnity Co.
0433530375-01	R.M.	JPF Medical Services PC	99215	01/16/2017	1	\$148.69	Allstate Indemnity Co.
0434196456-02	J.R.	JPF Medical Services PC	20553	01/10/2017	1	\$119.10	Allstate Ins. Co.
0434196456-02	J.R.	JPF Medical Services PC	99244	01/10/2017	1	\$236.94	Allstate Ins. Co.
0434196456-02	J.R.	JPF Medical Services PC	20553	01/17/2017	1	\$119.10	Allstate Ins. Co.
0434196456-02	J.R.	JPF Medical Services PC	20553	01/31/2017	1	\$119.10	Allstate Ins. Co.
0434196456-02	J.R.	JPF Medical Services PC	20999	01/31/2017	2	\$1,525.00	Allstate Ins. Co.
0434196456-02	J.R.	JPF Medical Services PC	99215	01/31/2017	1	\$148.69	Allstate Ins. Co.
0434196456-02	J.R.	JPF Medical Services PC	20999	02/07/2017	2	\$1,625.00	Allstate Ins. Co.
0434196456-02	J.R.	JPF Medical Services PC	99215	02/07/2017	1	\$148.69	Allstate Ins. Co.
0434196456-02	J.R.	JPF Medical Services PC	20553	02/21/2017	1	\$119.10	Allstate Ins. Co.
0434196456-02	J.R.	JPF Medical Services PC	20553	02/28/2017	1	\$119.10	Allstate Ins. Co.
0434426110-01	P.D.	JPF Medical Services PC	99244	01/24/2017	1	\$236.94	Allstate Prop. and Cas. Ins. Co.
0434426110-01	P.D.	JPF Medical Services PC	99215	02/07/2017	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0435844709-01	K.K.	JPF Medical Services PC	20553	01/12/2017	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0435844709-01	K.K.	JPF Medical Services PC	99244	01/12/2017	1	\$236.94	Allstate Prop. and Cas. Ins. Co.
0435844709-01	K.K.	JPF Medical Services PC	20553	01/18/2017	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0435844709-01	K.K.	JPF Medical Services PC	20553	01/23/2017	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0435844709-01	K.K.	JPF Medical Services PC	99215	01/30/2017	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0435844709-01	K.K.	JPF Medical Services PC	20553	02/28/2017	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0435844709-01	K.K.	JPF Medical Services PC	20553	03/08/2017	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0435844709-02	N.S.	JPF Medical Services PC	20553	01/12/2017	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0435844709-02	N.S.	JPF Medical Services PC	99244	01/12/2017	1	\$236.94	Allstate Prop. and Cas. Ins. Co.
0435844709-02	N.S.	JPF Medical Services PC	20553	01/18/2017	1	\$119.10	Allstate Prop. and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0435844709-02	N.S.	JPF Medical Services PC	20553	01/23/2017	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0435844709-02	N.S.	JPF Medical Services PC	20553	01/30/2017	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0435844709-02	N.S.	JPF Medical Services PC	20553	02/16/2017	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0435844709-02	N.S.	JPF Medical Services PC	20553	02/28/2017	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0435844709-02	N.S.	JPF Medical Services PC	20553	03/08/2017	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0436891501-03	E.M.	JPF Medical Services PC	20553	11/15/2016	1	\$119.10	Allstate Ins. Co.
0436891501-03	E.M.	JPF Medical Services PC	99244	11/15/2016	1	\$236.94	Allstate Ins. Co.
0436891501-03	E.M.	JPF Medical Services PC	99215	01/30/2017	1	\$148.69	Allstate Ins. Co.
0437276942-04	E.E.	JPF Medical Services PC	20553	01/23/2017	1	\$119.10	Allstate Ins. Co.
0437276942-04	E.E.	JPF Medical Services PC	99244	01/23/2017	1	\$236.94	Allstate Ins. Co.
0437276942-04	E.E.	JPF Medical Services PC	20553	02/13/2017	1	\$119.10	Allstate Ins. Co.
0437276942-05	B.S.	JPF Medical Services PC	20553	01/23/2017	1	\$119.10	Allstate Ins. Co.
0437276942-05	B.S.	JPF Medical Services PC	99244	01/23/2017	1	\$236.94	Allstate Ins. Co.
0437276942-05	B.S.	JPF Medical Services PC	20553	02/13/2017	1	\$119.10	Allstate Ins. Co.
0437276942-05	B.S.	JPF Medical Services PC	20553	02/20/2017	1	\$119.10	Allstate Ins. Co.
0437838963-01	Y.R.	JPF Medical Services PC	20553	11/29/2016	1	\$119.10	Allstate Fire and Cas. Ins. Co.
0437838963-01	Y.R.	JPF Medical Services PC	20999	11/29/2016	2	\$1,525.00	Allstate Fire and Cas. Ins. Co.
0437838963-01	Y.R.	JPF Medical Services PC	99215	11/29/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0438482951-01	J.B.	JPF Medical Services PC	20999	02/07/2017	2	\$1,525.00	Allstate Ins. Co.
0438482951-01	J.B.	JPF Medical Services PC	99244	02/07/2017	1	\$236.94	Allstate Ins. Co.
0440527661-01	I.S.	JPF Medical Services PC	20553	12/29/2016	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0440527661-01	I.S.	JPF Medical Services PC	99244	12/29/2016	1	\$236.94	Allstate Prop. and Cas. Ins. Co.
0440527661-01	I.S.	JPF Medical Services PC	99215	01/05/2017	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0440527661-01	I.S.	JPF Medical Services PC	20553	01/18/2017	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0440527661-01	I.S.	JPF Medical Services PC	99215	01/31/2017	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0440527661-01	I.S.	JPF Medical Services PC	99215	02/08/2017	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0440527661-01	I.S.	JPF Medical Services PC	99215	02/14/2017	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0440527661-01	I.S.	JPF Medical Services PC	99215	02/21/2017	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0440527661-01	I.S.	JPF Medical Services PC	20553	03/01/2017	1	\$119.10	Allstate Prop. and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0440527661-01	I.S.	JPF Medical Services PC	20553	03/08/2017	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0440527661-02	S.S.	JPF Medical Services PC	99244	12/29/2016	1	\$236.94	Allstate Prop. and Cas. Ins. Co.
0440527661-02	S.S.	JPF Medical Services PC	99215	01/05/2017	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0440527661-02	S.S.	JPF Medical Services PC	99215	01/31/2017	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0440527661-02	S.S.	JPF Medical Services PC	99215	02/08/2017	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0440527661-02	S.S.	JPF Medical Services PC	99215	02/14/2017	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0440527661-02	S.S.	JPF Medical Services PC	99215	02/21/2017	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0440527661-02	S.S.	JPF Medical Services PC	99215	03/01/2017	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0440527661-02	S.S.	JPF Medical Services PC	20553	03/08/2017	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0441447026-01	B.R.	JPF Medical Services PC	20553	01/24/2017	1	\$119.10	Allstate Fire and Cas. Ins. Co.
0441447026-01	B.R.	JPF Medical Services PC	99244	01/24/2017	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0441447026-01	B.R.	JPF Medical Services PC	99215	01/31/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0441447026-01	B.R.	JPF Medical Services PC	99215	02/07/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0441447026-01	B.R.	JPF Medical Services PC	20553	02/21/2017	1	\$119.10	Allstate Fire and Cas. Ins. Co.
0441447026-01	B.R.	JPF Medical Services PC	20553	02/28/2017	1	\$119.10	Allstate Fire and Cas. Ins. Co.
0455115931-09	C.S.	JPF Medical Services PC	99203	04/25/2017	1	\$104.08	Allstate Fire and Cas. Ins. Co.
0455115931-09	C.S.	JPF Medical Services PC	99213	05/02/2017	1	\$64.07	Allstate Fire and Cas. Ins. Co.
0302803937-04	A.S.	Jules F Parisien MD	97010	11/08/2013-12/09/2013	9	\$164.25	Allstate Ins. Co.
0302803937-04	A.S.	Jules F Parisien MD	97110	11/08/2013-12/09/2013	9	\$208.62	Allstate Ins. Co.
0302803937-04	A.S.	Jules F Parisien MD	97124	11/08/2013-12/09/2013	9	\$181.89	Allstate Ins. Co.
0302803937-04	A.S.	Jules F Parisien MD	97799	11/08/2013-12/09/2013	9	\$445.50	Allstate Ins. Co.
0326267416-10	L.G.	Jules F Parisien MD	95833	05/22/2014	1	\$114.32	Allstate Fire and Cas. Ins. Co.
0326267416-10	L.G.	Jules F Parisien MD	95851	05/22/2014	1	\$45.71	Allstate Fire and Cas. Ins. Co.
0326267416-10	L.G.	Jules F Parisien MD	98531	05/22/2014	1	\$43.60	Allstate Fire and Cas. Ins. Co.
0567728472-01	W.D.	Jules Medical PC	99215	02/25/2020	1	\$87.80	Allstate Fire and Cas. Ins. Co.
0568456115-02	K.M.	Jules Medical PC	20999	02/17/2020	2	\$500.00	Allstate Fire and Cas. Ins. Co.
0568456115-02	K.M.	Jules Medical PC	99215	02/17/2020	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0571444520-07	K.J.	Jules Medical PC	20999	02/25/2020	2	\$100.00	Allstate Ins. Co.
0571444520-07	K.J.	Jules Medical PC	99244	02/25/2020	1	\$236.94	Allstate Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0574676656-01	L.R.	Jules Medical PC	99244	01/15/2020	1	\$64.07	Allstate Fire and Cas. Ins. Co.
0575785381-02	C.H.	Jules Medical PC	99244	01/29/2020	1	\$87.90	Allstate Fire and Cas. Ins. Co.
0575785381-03	K.C.	Jules Medical PC	99244	01/15/2020	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0575785381-03	K.C.	Jules Medical PC	20999	01/29/2020	2	\$1,400.00	Allstate Fire and Cas. Ins. Co.
0575785381-03	K.C.	Jules Medical PC	99244	01/29/2020	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0575785381-07	J.T.	Jules Medical PC	20999	01/29/2020	2	\$1,400.00	Allstate Fire and Cas. Ins. Co.
0575785381-07	J.T.	Jules Medical PC	99244	01/29/2020	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	KP Medical Care PC	99244	12/01/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	KP Medical Care PC	95927	10/31/2016	1	\$302.12	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	KP Medical Care PC	99215	11/03/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	KP Medical Care PC	95861	11/28/2016	1	\$241.50	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	KP Medical Care PC	95831	12/05/2016	1	\$125.74	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	KP Medical Care PC	95833	12/05/2016	1	\$114.32	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	KP Medical Care PC	95851	12/05/2016	1	\$182.84	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	KP Medical Care PC	99215	12/08/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	KP Medical Care PC	97750	01/03/2017	1	\$249.96	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	KP Medical Care PC	95833	02/22/2017	1	\$114.32	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	KP Medical Care PC	95851	02/22/2017	1	\$182.84	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	KP Medical Care PC	97750	02/27/2017	1	\$249.96	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	KP Medical Care PC	99215	02/27/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	KP Medical Care PC	95831	10/31/2016	1	\$125.74	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	KP Medical Care PC	95833	10/31/2016	1	\$114.32	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	KP Medical Care PC	95851	10/31/2016	1	\$137.13	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	KP Medical Care PC	95926	10/31/2016	1	\$302.12	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	KP Medical Care PC	97750	11/14/2016	1	\$249.96	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	KP Medical Care PC	95831	11/22/2016	1	\$125.74	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	KP Medical Care PC	95833	11/22/2016	1	\$114.32	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	KP Medical Care PC	95851	11/22/2016	1	\$91.42	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	KP Medical Care PC	99215	12/05/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0431774421-02	P.C.	KP Medical Care PC	95851	12/19/2016	1	\$137.13	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	KP Medical Care PC	95831	01/10/2017	1	\$125.74	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	KP Medical Care PC	95833	01/10/2017	1	\$114.32	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	KP Medical Care PC	95851	01/10/2017	1	\$137.13	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	KP Medical Care PC	99358	01/10/2017	1	\$204.41	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	KP Medical Care PC	95831	10/31/2016	1	\$125.74	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	KP Medical Care PC	95833	10/31/2016	1	\$114.32	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	KP Medical Care PC	95851	10/31/2016	1	\$182.84	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	KP Medical Care PC	95861	11/11/2016	1	\$241.50	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	KP Medical Care PC	95831	12/01/2016	1	\$130.80	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	KP Medical Care PC	95833	12/01/2016	1	\$114.32	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	KP Medical Care PC	95851	12/01/2016	1	\$91.42	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	KP Medical Care PC	20999	12/12/2016	2	\$3,800.00	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	KP Medical Care PC	99215	12/12/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	KP Medical Care PC	97750	01/10/2017	1	\$249.96	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	KP Medical Care PC	99358	01/10/2017	1	\$204.41	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	KP Medical Care PC	99215	01/16/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	KP Medical Care PC	95861	11/14/2016	1	\$241.50	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	KP Medical Care PC	95831	11/22/2016	1	\$125.74	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	KP Medical Care PC	95833	11/22/2016	1	\$114.32	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	KP Medical Care PC	95851	11/22/2016	1	\$182.84	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	KP Medical Care PC	95851	12/19/2016	1	\$182.84	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	KP Medical Care PC	97750	01/10/2017	1	\$249.96	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	KP Medical Care PC	99358	01/10/2017	1	\$204.41	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	KP Medical Care PC	95861	11/14/2016	1	\$241.50	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	KP Medical Care PC	95831	12/12/2016	1	\$125.74	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	KP Medical Care PC	95833	12/12/2016	1	\$114.32	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	KP Medical Care PC	95851	12/12/2016	1	\$137.13	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	KP Medical Care PC	97750	12/19/2016	1	\$249.96	Allstate Fire and Cas. Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0431774421-05	M.T.	KP Medical Care PC	95831	01/10/2017	1	\$125.74	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	KP Medical Care PC	95833	01/10/2017	1	\$114.32	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	KP Medical Care PC	95851	01/10/2017	1	\$182.84	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	KP Medical Care PC	99358	01/10/2017	1	\$204.41	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	KP Medical Care PC	97750	01/23/2017	1	\$249.96	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	KP Medical Care PC	99215	01/23/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	KP Medical Care PC	95833	02/20/2017	1	\$114.32	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	KP Medical Care PC	95851	02/20/2017	1	\$137.13	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	KP Medical Care PC	99215	02/21/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0434546750-11	E.I.	KP Medical Care PC	99215	11/14/2016	1	\$148.69	Allstate Ins. Co.
0434546750-11	E.I.	KP Medical Care PC	97750	11/17/2016	1	\$249.96	Allstate Ins. Co.
0434546750-11	E.I.	KP Medical Care PC	99215	12/01/2016	1	\$148.69	Allstate Ins. Co.
0434546750-11	E.I.	KP Medical Care PC	97750	12/19/2016	1	\$249.96	Allstate Ins. Co.
0434546750-11	E.I.	KP Medical Care PC	99215	01/30/2017	1	\$148.69	Allstate Ins. Co.
0436499486-02	S.M.	KP Medical Care PC	95926	11/28/2016	1	\$302.12	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	KP Medical Care PC	95861	12/07/2016	1	\$241.50	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	KP Medical Care PC	95926	12/07/2016	1	\$302.12	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	KP Medical Care PC	99244	12/15/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	KP Medical Care PC	99215	01/20/2017	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0285337622-01	A.J.	Ksenia Pavlova DO	20553	08/27/2013	1	\$119.10	Allstate Fire and Cas. Ins. Co.
0285337622-01	A.J.	Ksenia Pavlova DO	99244	08/27/2013	1	\$111.55	Allstate Fire and Cas. Ins. Co.
0286190004-02	A.S.	Ksenia Pavlova DO	20553	08/06/2013	1	\$119.10	Allstate Ins. Co.
0286190004-02	A.S.	Ksenia Pavlova DO	20999	08/06/2013	2	\$1,450.00	Allstate Ins. Co.
0286190004-02	A.S.	Ksenia Pavlova DO	99215	08/06/2013	1	\$148.69	Allstate Ins. Co.
0286190004-02	A.S.	Ksenia Pavlova DO	99215	08/13/2013	1	\$148.69	Allstate Ins. Co.
0287540454-01	J.R.	Ksenia Pavlova DO	20553	07/01/2013	1	\$119.10	Allstate Ins. Co.
0287540454-01	J.R.	Ksenia Pavlova DO	20999	07/01/2013	2	\$1,375.00	Allstate Ins. Co.
0287540454-01	J.R.	Ksenia Pavlova DO	99244	07/01/2013	1	\$236.94	Allstate Ins. Co.
0287540454-01	J.R.	Ksenia Pavlova DO	20553	07/29/2013	1	\$119.10	Allstate Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0287540454-01	J.R.	Ksenia Pavlova DO	20999	07/29/2013	2	\$2,575.00	Allstate Ins. Co.
0287540454-01	J.R.	Ksenia Pavlova DO	99215	07/29/2013	1	\$148.69	Allstate Ins. Co.
0289515321-01	L.A.	Ksenia Pavlova DO	20553	07/01/2013	1	\$119.10	Allstate Indemnity Co.
0289515321-01	L.A.	Ksenia Pavlova DO	20553	07/01/2013	1	\$119.10	Allstate Indemnity Co.
0289515321-01	L.A.	Ksenia Pavlova DO	20999	07/01/2013	2	\$662.50	Allstate Indemnity Co.
0289515321-01	L.A.	Ksenia Pavlova DO	20999	07/01/2013	2	\$662.50	Allstate Indemnity Co.
0289515321-01	L.A.	Ksenia Pavlova DO	99244	07/01/2013	1	\$236.94	Allstate Indemnity Co.
0289515321-01	L.A.	Ksenia Pavlova DO	99244	07/01/2013	1	\$236.94	Allstate Indemnity Co.
0289804584-01	M.S.	Ksenia Pavlova DO	20553	07/15/2013	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0289804584-01	M.S.	Ksenia Pavlova DO	20999	07/15/2013	2	\$2,900.00	Allstate Prop. and Cas. Ins. Co.
0289804584-01	M.S.	Ksenia Pavlova DO	99244	07/15/2013	1	\$236.94	Allstate Prop. and Cas. Ins. Co.
0289804584-01	M.S.	Ksenia Pavlova DO	20553	09/05/2013	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0289804584-01	M.S.	Ksenia Pavlova DO	20999	09/05/2013	2	\$2,900.00	Allstate Prop. and Cas. Ins. Co.
0289804584-01	M.S.	Ksenia Pavlova DO	99215	09/05/2013	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0291039501-01	C.R.	Ksenia Pavlova DO	99244	06/28/2013	1	\$236.94	Allstate Ins. Co.
0291039501-01	C.R.	Ksenia Pavlova DO	99215	07/08/2013	1	\$148.69	Allstate Ins. Co.
0291039501-01	C.R.	Ksenia Pavlova DO	20553	08/05/2013	1	\$119.10	Allstate Ins. Co.
0291039501-01	C.R.	Ksenia Pavlova DO	20999	08/05/2013	2	\$2,505.00	Allstate Ins. Co.
0291039501-01	C.R.	Ksenia Pavlova DO	99215	08/05/2013	1	\$148.69	Allstate Ins. Co.
0291039501-01	C.R.	Ksenia Pavlova DO	99215	08/19/2013	1	\$148.69	Allstate Ins. Co.
0291588705-02	A.P.	Ksenia Pavlova DO	20553	07/12/2013	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0291588705-02	A.P.	Ksenia Pavlova DO	20999	07/12/2013	2	\$2,200.00	Allstate Prop. and Cas. Ins. Co.
0291588705-02	A.P.	Ksenia Pavlova DO	99244	07/12/2013	1	\$236.94	Allstate Prop. and Cas. Ins. Co.
0291588705-02	A.P.	Ksenia Pavlova DO	20553	07/15/2013	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0291588705-02	A.P.	Ksenia Pavlova DO	20999	07/15/2013	2	\$2,378.00	Allstate Prop. and Cas. Ins. Co.
0291588705-02	A.P.	Ksenia Pavlova DO	99215	07/15/2013	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0291588705-02	A.P.	Ksenia Pavlova DO	99215	08/12/2013	1	\$64.07	Allstate Prop. and Cas. Ins. Co.
0293324331-02	D.M.	Ksenia Pavlova DO	99244	09/03/2013	1	\$142.21	Allstate Ins. Co.
0293909230-02	J.B.	Ksenia Pavlova DO	99244	07/26/2013	1	\$111.55	Allstate Fire and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0293909230-06	T.D.	Ksenia Pavlova DO	99244	07/26/2013	1	\$111.55	Allstate Fire and Cas. Ins. Co.
0294866694-01	J.B.	Ksenia Pavlova DO	20553	09/19/2013	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0294866694-01	J.B.	Ksenia Pavlova DO	20999	09/19/2013	2	\$1,050.00	Allstate Prop. and Cas. Ins. Co.
0294866694-01	J.B.	Ksenia Pavlova DO	99244	09/19/2013	1	\$236.94	Allstate Prop. and Cas. Ins. Co.
0295851943-01	J.S.	Ksenia Pavlova DO	20553	08/19/2013	1	\$119.10	Allstate Ins. Co.
0295851943-01	J.S.	Ksenia Pavlova DO	99244	08/19/2013	1	\$236.94	Allstate Ins. Co.
0295851943-01	J.S.	Ksenia Pavlova DO	99215	08/26/2013	1	\$148.69	Allstate Ins. Co.
0296244239-02	B.H.	Ksenia Pavlova DO	99244	09/03/2013	1	\$236.94	Allstate Ins. Co.
0296244239-02	B.H.	Ksenia Pavlova DO	99215	09/17/2013	1	\$148.69	Allstate Ins. Co.
0296244239-02	B.H.	Ksenia Pavlova DO	99215	11/08/2013	1	\$148.69	Allstate Ins. Co.
0296244239-02	B.H.	Ksenia Pavlova DO	99215	12/06/2013	1	\$148.69	Allstate Ins. Co.
0297724700-06	G.F.	Ksenia Pavlova DO	20553	09/19/2013	1	\$119.10	Allstate Ins. Co.
0297724700-06	G.F.	Ksenia Pavlova DO	99244	09/19/2013	1	\$236.94	Allstate Ins. Co.
0297724700-06	G.F.	Ksenia Pavlova DO	20553	10/22/2013	1	\$119.10	Allstate Ins. Co.
0298235276-02	P.A.	Ksenia Pavlova DO	99244	09/05/2013	1	\$111.55	Allstate Ins. Co.
0298350612-01	N.P.	Ksenia Pavlova DO	99244	09/03/2013	1	\$111.55	Allstate Prop. and Cas. Ins. Co.
0299083659-01	M.Y.	Ksenia Pavlova DO	99244	09/19/2013	1	\$236.94	Allstate Ins. Co.
0299083659-01	M.Y.	Ksenia Pavlova DO	99215	11/01/2013	1	\$148.69	Allstate Ins. Co.
0299585850-02	L.G.	Ksenia Pavlova DO	20553	09/03/2013	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0299585850-02	L.G.	Ksenia Pavlova DO	20999	09/03/2013	2	\$1,550.00	Allstate Prop. and Cas. Ins. Co.
0299585850-02	L.G.	Ksenia Pavlova DO	99244	09/03/2013	1	\$236.94	Allstate Prop. and Cas. Ins. Co.
0299585850-02	L.G.	Ksenia Pavlova DO	20553	12/06/2013	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0299585850-02	L.G.	Ksenia Pavlova DO	20999	12/06/2013	2	\$1,550.00	Allstate Prop. and Cas. Ins. Co.
0300460441-02	K.S.	Ksenia Pavlova DO	20553	10/22/2013	1	\$119.10	Allstate Prop. and Cas. Ins. Co.
0300460441-02	K.S.	Ksenia Pavlova DO	99244	10/22/2013	1	\$236.94	Allstate Prop. and Cas. Ins. Co.
0302571708-01	N.N.	Ksenia Pavlova DO	20553	10/31/2013	1	\$119.10	Allstate Ins. Co.
0302571708-01	N.N.	Ksenia Pavlova DO	99244	10/31/2013	1	\$236.94	Allstate Ins. Co.
0302571708-01	N.N.	Ksenia Pavlova DO	99215	11/26/2013	1	\$148.69	Allstate Ins. Co.
0303475743-01	M.G.	Ksenia Pavlova DO	64422	01/20/2014	1	\$176.36	Allstate Prop. and Cas. Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0303475743-01	M.G.	Ksenia Pavlova DO	99244	01/20/2014	1	\$236.94	Allstate Prop. and Cas. Ins. Co.
0303835698-02	R.J.	Ksenia Pavlova DO	20553	10/22/2013	1	\$119.10	Allstate Ins. Co.
0303835698-02	R.J.	Ksenia Pavlova DO	20999	10/22/2013	2	\$1,300.00	Allstate Ins. Co.
0303835698-02	R.J.	Ksenia Pavlova DO	99244	10/22/2013	1	\$236.94	Allstate Ins. Co.
0303835698-03	J.F.	Ksenia Pavlova DO	99244	11/12/2013	1	\$111.55	Allstate Ins. Co.
0303835698-03	J.F.	Ksenia Pavlova DO	20553	12/19/2013	1	\$119.10	Allstate Ins. Co.
0303835698-03	J.F.	Ksenia Pavlova DO	20999	12/19/2013	2	\$628.22	Allstate Ins. Co.
0303835698-04	J.R.	Ksenia Pavlova DO	20553	10/15/2013	1	\$119.10	Allstate Ins. Co.
0303835698-04	J.R.	Ksenia Pavlova DO	20999	10/15/2013	2	\$1,750.00	Allstate Ins. Co.
0303835698-04	J.R.	Ksenia Pavlova DO	99244	10/15/2013	1	\$236.94	Allstate Ins. Co.
0303835698-04	J.R.	Ksenia Pavlova DO	99215	11/05/2013	1	\$50.22	Allstate Ins. Co.
0304067465-02	R.L.	Ksenia Pavlova DO	20553	10/29/2013	1	\$119.10	Allstate Ins. Co.
0304067465-02	R.L.	Ksenia Pavlova DO	99244	10/29/2013	1	\$236.94	Allstate Ins. Co.
0304067465-02	R.L.	Ksenia Pavlova DO	20553	11/19/2013	1	\$119.10	Allstate Ins. Co.
0304067465-02	R.L.	Ksenia Pavlova DO	99215	11/25/2013	1	\$148.69	Allstate Ins. Co.
0304262934-01	K.A.	Ksenia Pavlova DO	20553	11/26/2013	1	\$119.10	Allstate Ins. Co.
0304262934-01	K.A.	Ksenia Pavlova DO	20999	11/26/2013	2	\$749.49	Allstate Ins. Co.
0304262934-01	K.A.	Ksenia Pavlova DO	99244	11/26/2013	1	\$236.94	Allstate Ins. Co.
0304262934-04	X.E.	Ksenia Pavlova DO	64418	10/17/2013	1	\$146.59	Allstate Ins. Co.
0304262934-04	X.E.	Ksenia Pavlova DO	99244	10/17/2013	1	\$236.94	Allstate Ins. Co.
0304262934-04	X.E.	Ksenia Pavlova DO	64418	10/31/2013	1	\$146.59	Allstate Ins. Co.
0304262934-04	X.E.	Ksenia Pavlova DO	99215	10/31/2013	1	\$148.69	Allstate Ins. Co.
0304262934-04	X.E.	Ksenia Pavlova DO	64418	11/14/2013	1	\$146.59	Allstate Ins. Co.
0304262934-04	X.E.	Ksenia Pavlova DO	99215	11/14/2013	1	\$148.69	Allstate Ins. Co.
0304262934-04	X.E.	Ksenia Pavlova DO	99215	11/18/2013	1	\$148.69	Allstate Ins. Co.
0304262934-04	X.E.	Ksenia Pavlova DO	64418	11/26/2013	1	\$146.59	Allstate Ins. Co.
0304262934-04	X.E.	Ksenia Pavlova DO	64418	12/18/2013	1	\$146.59	Allstate Ins. Co.
0304262934-06	C.W.	Ksenia Pavlova DO	20553	11/18/2013	1	\$119.10	Allstate Ins. Co.
0304262934-06	C.W.	Ksenia Pavlova DO	20999	11/18/2013	2	\$389.83	Allstate Ins. Co.

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i> Representative Sample of Fraudulent Claims Paid to Defendants</p>							
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0304262934-06	C.W.	Ksenia Pavlova DO	99244	11/18/2013	1	\$236.94	Allstate Ins. Co.
0304716061-01	R.C.	Ksenia Pavlova DO	99244	11/05/2013	1	\$111.55	Allstate Ins. Co.
0304716061-01	R.C.	Ksenia Pavlova DO	20553	11/19/2013	1	\$119.10	Allstate Ins. Co.
0304716061-01	R.C.	Ksenia Pavlova DO	99215	11/19/2013	1	\$148.69	Allstate Ins. Co.
0304716061-01	R.C.	Ksenia Pavlova DO	99215	11/22/2013	1	\$148.69	Allstate Ins. Co.
0304716061-03	B.H.	Ksenia Pavlova DO	99244	11/05/2013	1	\$236.94	Allstate Ins. Co.
0358475275-04	C.L.	Ksenia Pavlova DO	99244	05/21/2015	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0362861601-01	P.A.	Ksenia Pavlova DO	20553	04/09/2015	1	\$119.10	Allstate Fire and Cas. Ins. Co.
0362861601-01	P.A.	Ksenia Pavlova DO	20999	04/09/2015	2	\$2,600.00	Allstate Fire and Cas. Ins. Co.
0362861601-01	P.A.	Ksenia Pavlova DO	99244	04/09/2015	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0362861601-01	P.A.	Ksenia Pavlova DO	20553	05/14/2015	1	\$119.10	Allstate Fire and Cas. Ins. Co.
0362861601-01	P.A.	Ksenia Pavlova DO	20999	05/14/2015	2	\$1,220.00	Allstate Fire and Cas. Ins. Co.
0362861601-01	P.A.	Ksenia Pavlova DO	99215	05/14/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0362861601-02	Y.A.	Ksenia Pavlova DO	20553	04/09/2015	1	\$119.10	Allstate Fire and Cas. Ins. Co.
0362861601-02	Y.A.	Ksenia Pavlova DO	20999	04/09/2015	2	\$59.55	Allstate Fire and Cas. Ins. Co.
0362861601-02	Y.A.	Ksenia Pavlova DO	99244	04/09/2015	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0362861601-02	Y.A.	Ksenia Pavlova DO	64418	05/14/2015	1	\$146.59	Allstate Fire and Cas. Ins. Co.
0369477179-02	J.M.	Ksenia Pavlova DO	99244	06/10/2015	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0370811663-03	K.B.	Ksenia Pavlova DO	64418	05/21/2015	1	\$146.59	Allstate Ins. Co.
0370811663-03	K.B.	Ksenia Pavlova DO	99244	05/21/2015	1	\$236.94	Allstate Ins. Co.
0374553048-02	E.F.	Ksenia Pavlova DO	97750	07/14/2015	1	\$249.96	Allstate Fire and Cas. Ins. Co.
0374553048-02	E.F.	Ksenia Pavlova DO	99244	07/23/2015	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0377476239-01	L.C.	Ksenia Pavlova DO	99215	10/15/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	Ksenia Pavlova DO	95926	10/17/2016	1	\$302.12	Allstate Fire and Cas. Ins. Co.
0228760237-01	K.L.	Island Life Chiropractic Pain Care PLLC	98941	03/20/2012-03/26/2012	2	\$64.22	Allstate Prop. and Cas. Ins. Co.
0228760237-01	K.L.	Island Life Chiropractic Pain Care PLLC	99212	03/20/2012	1	\$26.41	Allstate Prop. and Cas. Ins. Co.
0228760237-01	K.L.	Island Life Chiropractic Pain Care PLLC	97139	03/26/2012	1	\$16.70	Allstate Prop. and Cas. Ins. Co.
0228760237-01	K.L.	Island Life Chiropractic Pain Care PLLC	98940	04/25/2012	1	\$26.41	Allstate Prop. and Cas. Ins. Co.
0229571665-03	S.F.	Island Life Chiropractic Pain Care PLLC	97139	04/11/2012	1	\$16.70	Allstate Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0229571665-03	S.F.	Island Life Chiropractic Pain Care PLLC	98941	04/11/2012	1	\$34.68	Allstate Ins. Co.
0229571665-03	S.F.	Island Life Chiropractic Pain Care PLLC	99212	04/11/2012	1	\$12.20	Allstate Ins. Co.
0229571665-03	S.F.	Island Life Chiropractic Pain Care PLLC	98941	04/23/2012-05/30/2012	3	\$34.68	Allstate Ins. Co.
0230710758-01	M.G.	Island Life Chiropractic Pain Care PLLC	97139	03/21/2012-04/11/2012	6	\$100.20	Allstate Prop. and Cas. Ins. Co.
0230710758-01	M.G.	Island Life Chiropractic Pain Care PLLC	98941	03/21/2012	1	\$29.54	Allstate Prop. and Cas. Ins. Co.
0230710758-01	M.G.	Island Life Chiropractic Pain Care PLLC	98940	03/22/2012-04/11/2012	5	\$132.05	Allstate Prop. and Cas. Ins. Co.
0230710758-01	M.G.	Island Life Chiropractic Pain Care PLLC	97139	03/30/2012-04/02/2012	2	\$33.40	Allstate Prop. and Cas. Ins. Co.
0230710758-01	M.G.	Island Life Chiropractic Pain Care PLLC	98940	03/30/2012-04/02/2012	2	\$52.82	Allstate Prop. and Cas. Ins. Co.
0230710758-01	M.G.	Island Life Chiropractic Pain Care PLLC	97139	04/18/2012-04/25/2012	2	\$33.40	Allstate Prop. and Cas. Ins. Co.
0230710758-01	M.G.	Island Life Chiropractic Pain Care PLLC	98940	04/18/2012-04/25/2012	2	\$52.82	Allstate Prop. and Cas. Ins. Co.
0231928466-01	G.M.	Island Life Chiropractic Pain Care PLLC	95999	01/25/2012	1	\$1,022.00	Allstate Prop. and Cas. Ins. Co.
0231928466-01	G.M.	Island Life Chiropractic Pain Care PLLC	95999	01/25/2012	1	\$1,314.00	Allstate Prop. and Cas. Ins. Co.
0231928466-01	G.M.	Island Life Chiropractic Pain Care PLLC	97139	03/20/2012-04/18/2012	7	\$116.90	Allstate Prop. and Cas. Ins. Co.
0231928466-01	G.M.	Island Life Chiropractic Pain Care PLLC	98941	03/20/2012-04/18/2012	6	\$177.24	Allstate Prop. and Cas. Ins. Co.
0231928466-01	G.M.	Island Life Chiropractic Pain Care PLLC	99212	03/20/2012	1	\$26.41	Allstate Prop. and Cas. Ins. Co.
0231928466-01	G.M.	Island Life Chiropractic Pain Care PLLC	98940	03/28/2012	1	\$26.41	Allstate Prop. and Cas. Ins. Co.
0231928466-06	A.C.	Island Life Chiropractic Pain Care PLLC	97139	03/20/2012-03/29/2012	2	\$33.40	Allstate Prop. and Cas. Ins. Co.
0231928466-06	A.C.	Island Life Chiropractic Pain Care PLLC	98940	03/20/2012	1	\$26.41	Allstate Prop. and Cas. Ins. Co.
0231928466-06	A.C.	Island Life Chiropractic Pain Care PLLC	99212	03/20/2012	1	\$26.41	Allstate Prop. and Cas. Ins. Co.
0231928466-06	A.C.	Island Life Chiropractic Pain Care PLLC	98941	03/29/2012	1	\$34.68	Allstate Prop. and Cas. Ins. Co.
0232367730-01	L.C.	Island Life Chiropractic Pain Care PLLC	97139	03/20/2012	1	\$16.70	Allstate Prop. and Cas. Ins. Co.
0232367730-01	L.C.	Island Life Chiropractic Pain Care PLLC	98941	03/20/2012	1	\$29.54	Allstate Prop. and Cas. Ins. Co.
0232367730-09	S.J.	Island Life Chiropractic Pain Care PLLC	97139	04/13/2012-04/19/2012	2	\$33.40	Allstate Prop. and Cas. Ins. Co.
0232367730-09	S.J.	Island Life Chiropractic Pain Care PLLC	98940	04/13/2012	1	\$26.41	Allstate Prop. and Cas. Ins. Co.
0232367730-09	S.J.	Island Life Chiropractic Pain Care PLLC	98941	04/19/2012	1	\$29.54	Allstate Prop. and Cas. Ins. Co.
0237989108-03	E.E.	Island Life Chiropractic Pain Care PLLC	97139	03/20/2012-04/16/2012	8	\$133.60	Allstate Prop. and Cas. Ins. Co.
0237989108-03	E.E.	Island Life Chiropractic Pain Care PLLC	98941	03/20/2012-04/16/2012	8	\$236.32	Allstate Prop. and Cas. Ins. Co.
0237989108-03	E.E.	Island Life Chiropractic Pain Care PLLC	97139	05/18/2012	1	\$16.70	Allstate Prop. and Cas. Ins. Co.
0237989108-03	E.E.	Island Life Chiropractic Pain Care PLLC	98941	05/18/2012	1	\$29.54	Allstate Prop. and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0240366203-03	O.L.	Island Life Chiropractic Pain Care PLLC	97139	04/10/2012-04/26/2012	8	\$133.60	Allstate Prop. and Cas. Ins. Co.
0240366203-03	O.L.	Island Life Chiropractic Pain Care PLLC	98940	04/10/2012-04/26/2012	6	\$158.46	Allstate Prop. and Cas. Ins. Co.
0240366203-03	O.L.	Island Life Chiropractic Pain Care PLLC	98941	04/12/2012-04/16/2012	2	\$59.08	Allstate Prop. and Cas. Ins. Co.
0240366203-03	O.L.	Island Life Chiropractic Pain Care PLLC	97139	04/30/2012-05/17/2012	9	\$150.30	Allstate Prop. and Cas. Ins. Co.
0240366203-03	O.L.	Island Life Chiropractic Pain Care PLLC	98940	04/30/2012-05/17/2012	9	\$237.69	Allstate Prop. and Cas. Ins. Co.
0240366203-03	O.L.	Island Life Chiropractic Pain Care PLLC	97139	05/21/2012-06/05/2012	7	\$116.90	Allstate Prop. and Cas. Ins. Co.
0240366203-03	O.L.	Island Life Chiropractic Pain Care PLLC	98940	05/21/2012-06/05/2012	7	\$184.87	Allstate Prop. and Cas. Ins. Co.
0240366203-03	O.L.	Island Life Chiropractic Pain Care PLLC	97139	06/07/2012-07/16/2012	8	\$83.41	Allstate Prop. and Cas. Ins. Co.
0240366203-03	O.L.	Island Life Chiropractic Pain Care PLLC	98941	06/07/2012-07/16/2012	8	\$277.44	Allstate Prop. and Cas. Ins. Co.
0240366203-03	O.L.	Island Life Chiropractic Pain Care PLLC	99212	06/26/2012	1	\$26.41	Allstate Prop. and Cas. Ins. Co.
0240366203-03	O.L.	Island Life Chiropractic Pain Care PLLC	97139	07/30/2012-08/07/2012	2	\$33.40	Allstate Prop. and Cas. Ins. Co.
0240366203-03	O.L.	Island Life Chiropractic Pain Care PLLC	98940	07/30/2012-08/07/2012	2	\$52.82	Allstate Prop. and Cas. Ins. Co.
0241444553-05	K.L.	Island Life Chiropractic Pain Care PLLC	97139	04/20/2012-05/04/2012	7	\$116.90	Allstate Fire and Cas. Ins. Co.
0241444553-05	K.L.	Island Life Chiropractic Pain Care PLLC	98940	04/20/2012-05/04/2012	6	\$158.46	Allstate Fire and Cas. Ins. Co.
0241444553-05	K.L.	Island Life Chiropractic Pain Care PLLC	98941	04/24/2012	1	\$29.54	Allstate Fire and Cas. Ins. Co.
0241444553-05	K.L.	Island Life Chiropractic Pain Care PLLC	97139	05/22/2012-06/01/2012	4	\$66.80	Allstate Fire and Cas. Ins. Co.
0241444553-05	K.L.	Island Life Chiropractic Pain Care PLLC	98941	05/22/2012-06/01/2012	3	\$88.62	Allstate Fire and Cas. Ins. Co.
0241444553-05	K.L.	Island Life Chiropractic Pain Care PLLC	98940	05/23/2012	1	\$26.41	Allstate Fire and Cas. Ins. Co.
0241444553-05	K.L.	Island Life Chiropractic Pain Care PLLC	97139	06/11/2012-07/12/2012	4	\$66.80	Allstate Fire and Cas. Ins. Co.
0241444553-05	K.L.	Island Life Chiropractic Pain Care PLLC	98940	06/11/2012	1	\$26.41	Allstate Fire and Cas. Ins. Co.
0241444553-05	K.L.	Island Life Chiropractic Pain Care PLLC	98941	07/02/2012-07/12/2012	3	\$88.62	Allstate Fire and Cas. Ins. Co.
0241444553-05	K.L.	Island Life Chiropractic Pain Care PLLC	97139	08/02/2012	1	\$16.70	Allstate Fire and Cas. Ins. Co.
0241444553-05	K.L.	Island Life Chiropractic Pain Care PLLC	98940	08/02/2012	1	\$26.41	Allstate Fire and Cas. Ins. Co.
0245880257-03	T.M.	Island Life Chiropractic Pain Care PLLC	99203	07/25/2012	1	\$54.74	Allstate Indemnity Co.
0245880257-03	T.M.	Island Life Chiropractic Pain Care PLLC	99203	07/25/2012	1	\$54.74	Allstate Indemnity Co.
0245880257-03	T.M.	Island Life Chiropractic Pain Care PLLC	97139	07/30/2012-08/08/2012	3	\$50.10	Allstate Indemnity Co.
0245880257-03	T.M.	Island Life Chiropractic Pain Care PLLC	98940	07/30/2012-08/08/2012	3	\$79.23	Allstate Indemnity Co.
0245880257-03	T.M.	Island Life Chiropractic Pain Care PLLC	98940	08/20/2012-10/02/2012	10	\$264.10	Allstate Indemnity Co.
0245880257-03	T.M.	Island Life Chiropractic Pain Care PLLC	97139	08/22/2012-10/02/2012	8	\$133.60	Allstate Indemnity Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0245880257-03	T.M.	Island Life Chiropractic Pain Care PLLC	97139	08/30/2012	1	\$16.70	Allstate Indemnity Co.
0245880257-03	T.M.	Island Life Chiropractic Pain Care PLLC	98940	08/30/2012	1	\$26.41	Allstate Indemnity Co.
0246761522-01	D.H.	Island Life Chiropractic Pain Care PLLC	97139	06/06/2012-07/02/2012	10	\$167.00	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Island Life Chiropractic Pain Care PLLC	98940	06/06/2012-07/02/2012	10	\$264.10	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Island Life Chiropractic Pain Care PLLC	97139	07/03/2012-07/24/2012	5	\$83.50	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Island Life Chiropractic Pain Care PLLC	98940	07/03/2012-07/24/2012	5	\$132.05	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Island Life Chiropractic Pain Care PLLC	97139	08/02/2012-08/15/2012	5	\$77.87	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Island Life Chiropractic Pain Care PLLC	98940	08/02/2012-08/15/2012	5	\$132.05	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Island Life Chiropractic Pain Care PLLC	99212	08/14/2012	1	\$26.41	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Island Life Chiropractic Pain Care PLLC	98940	08/22/2012-09/26/2012	8	\$184.87	Allstate Prop. and Cas. Ins. Co.
0246847370-05	W.J.	Island Life Chiropractic Pain Care PLLC	99203	06/07/2012	1	\$54.74	Allstate Ins. Co.
0246847370-05	W.J.	Island Life Chiropractic Pain Care PLLC	97139	06/18/2012	1	\$11.56	Allstate Ins. Co.
0246847370-05	W.J.	Island Life Chiropractic Pain Care PLLC	98941	06/18/2012	1	\$34.68	Allstate Ins. Co.
0247042302-01	B.B.	Island Life Chiropractic Pain Care PLLC	98940	07/02/2012-07/30/2012	9	\$237.69	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Island Life Chiropractic Pain Care PLLC	98941	07/13/2012-08/01/2012	3	\$98.90	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Island Life Chiropractic Pain Care PLLC	97139	08/13/2012-08/16/2012	2	\$33.40	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Island Life Chiropractic Pain Care PLLC	98940	08/13/2012-08/16/2012	2	\$52.82	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Island Life Chiropractic Pain Care PLLC	97139	08/20/2012-09/18/2012	8	\$44.16	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Island Life Chiropractic Pain Care PLLC	98941	08/20/2012-08/29/2012	2	\$69.36	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Island Life Chiropractic Pain Care PLLC	98940	09/05/2012-09/18/2012	6	\$158.46	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Island Life Chiropractic Pain Care PLLC	99212	09/18/2012	1	\$26.41	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Island Life Chiropractic Pain Care PLLC	98940	09/20/2012-11/05/2012	8	\$184.87	Allstate Fire and Cas. Ins. Co.
0247385354-01	J.E.	Island Life Chiropractic Pain Care PLLC	99203	06/07/2012	1	\$54.74	Allstate Ins. Co.
0247385354-01	J.E.	Island Life Chiropractic Pain Care PLLC	97139	06/08/2012-07/11/2012	13	\$16.70	Allstate Ins. Co.
0247385354-01	J.E.	Island Life Chiropractic Pain Care PLLC	98941	06/08/2012-07/11/2012	12	\$416.16	Allstate Ins. Co.
0247385354-01	J.E.	Island Life Chiropractic Pain Care PLLC	98940	06/25/2012	1	\$26.41	Allstate Ins. Co.
0247385354-01	J.E.	Island Life Chiropractic Pain Care PLLC	98941	07/12/2012-07/24/2012	6	\$208.08	Allstate Ins. Co.
0247385354-01	J.E.	Island Life Chiropractic Pain Care PLLC	98940	08/06/2012-08/13/2012	2	\$52.82	Allstate Ins. Co.
0247385354-01	J.E.	Island Life Chiropractic Pain Care PLLC	98940	08/29/2012-09/27/2012	8	\$211.28	Allstate Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0247385354-01	J.E.	Island Life Chiropractic Pain Care PLLC	98941	09/11/2012-09/19/2012	2	\$69.36	Allstate Ins. Co.
0247385354-01	J.E.	Island Life Chiropractic Pain Care PLLC	97139	10/01/2012-10/31/2012	8	\$16.70	Allstate Ins. Co.
0247385354-01	J.E.	Island Life Chiropractic Pain Care PLLC	98941	10/01/2012-10/25/2012	5	\$104.04	Allstate Ins. Co.
0247385354-01	J.E.	Island Life Chiropractic Pain Care PLLC	98940	10/09/2012-10/31/2012	3	\$52.82	Allstate Ins. Co.
0247385354-04	R.K.	Island Life Chiropractic Pain Care PLLC	99203	06/07/2012	1	\$54.74	Allstate Ins. Co.
0247385354-04	R.K.	Island Life Chiropractic Pain Care PLLC	98941	06/08/2012-06/20/2012	6	\$208.08	Allstate Ins. Co.
0247385354-04	R.K.	Island Life Chiropractic Pain Care PLLC	98940	06/18/2012	1	\$26.41	Allstate Ins. Co.
0247385354-04	R.K.	Island Life Chiropractic Pain Care PLLC	98941	06/25/2012-07/10/2012	7	\$242.76	Allstate Ins. Co.
0247385354-04	R.K.	Island Life Chiropractic Pain Care PLLC	98940	07/05/2012	1	\$26.41	Allstate Ins. Co.
0247385354-04	R.K.	Island Life Chiropractic Pain Care PLLC	98940	07/11/2012	1	\$26.41	Allstate Ins. Co.
0247385354-04	R.K.	Island Life Chiropractic Pain Care PLLC	98941	07/16/2012-07/25/2012	5	\$173.40	Allstate Ins. Co.
0247385354-04	R.K.	Island Life Chiropractic Pain Care PLLC	98941	07/31/2012-08/16/2012	5	\$173.40	Allstate Ins. Co.
0247385354-04	R.K.	Island Life Chiropractic Pain Care PLLC	97139	08/28/2012-09/26/2012	6	\$33.40	Allstate Ins. Co.
0247385354-04	R.K.	Island Life Chiropractic Pain Care PLLC	98941	08/28/2012-09/26/2012	5	\$168.26	Allstate Ins. Co.
0247385354-04	R.K.	Island Life Chiropractic Pain Care PLLC	98940	09/11/2012	1	\$26.41	Allstate Ins. Co.
0247385354-05	R.I.	Island Life Chiropractic Pain Care PLLC	99203	06/07/2012	1	\$54.74	Allstate Ins. Co.
0247385354-05	R.I.	Island Life Chiropractic Pain Care PLLC	98941	06/08/2012-07/05/2012	10	\$346.80	Allstate Ins. Co.
0247385354-05	R.I.	Island Life Chiropractic Pain Care PLLC	98941	07/23/2012-07/25/2012	3	\$104.04	Allstate Ins. Co.
0247385354-05	R.I.	Island Life Chiropractic Pain Care PLLC	98941	08/02/2012-08/08/2012	3	\$104.04	Allstate Ins. Co.
0247385354-05	R.I.	Island Life Chiropractic Pain Care PLLC	97139	08/22/2012-09/26/2012	5	\$33.40	Allstate Ins. Co.
0247385354-05	R.I.	Island Life Chiropractic Pain Care PLLC	98941	08/22/2012	1	\$34.68	Allstate Ins. Co.
0247385354-05	R.I.	Island Life Chiropractic Pain Care PLLC	98940	09/07/2012-09/26/2012	4	\$105.64	Allstate Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	99203	06/27/2012	1	\$54.74	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	97139	06/28/2012-07/24/2012	12	\$149.00	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	98940	06/28/2012-07/12/2012	2	\$52.82	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	98941	07/02/2012-07/24/2012	10	\$346.80	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	95999	07/05/2012	1	\$1,022.00	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	95999	07/05/2012	1	\$1,314.00	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	97139	07/30/2012-08/14/2012	6	\$69.36	Allstate Fire and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	98941	07/30/2012-08/14/2012	5	\$173.40	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	98940	08/13/2012	1	\$26.41	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	97139	08/20/2012-09/25/2012	7	\$91.20	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	98940	08/20/2012-08/23/2012	2	\$52.82	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	98941	08/28/2012-09/25/2012	5	\$173.40	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	99212	09/05/2012	1	\$26.41	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	97139	10/04/2012-10/25/2012	4	\$61.66	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	98940	10/04/2012-10/25/2012	3	\$79.23	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	98941	10/16/2012	1	\$34.68	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	97139	11/09/2012-11/26/2012	3	\$39.82	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	98941	11/09/2012-11/16/2012	2	\$69.36	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	99212	11/16/2012	1	\$26.41	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	98940	11/26/2012	1	\$26.41	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	97139	12/26/2012	1	\$16.70	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Island Life Chiropractic Pain Care PLLC	98940	12/26/2012	1	\$26.41	Allstate Fire and Cas. Ins. Co.
0252361290-05	G.T.	Island Life Chiropractic Pain Care PLLC	99203	08/16/2012	1	\$54.74	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Island Life Chiropractic Pain Care PLLC	97139	08/20/2012-10/01/2012	9	\$114.32	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Island Life Chiropractic Pain Care PLLC	98940	08/20/2012-08/28/2012	2	\$52.82	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Island Life Chiropractic Pain Care PLLC	98941	08/21/2012-10/01/2012	7	\$242.76	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Island Life Chiropractic Pain Care PLLC	97139	10/05/2012-11/01/2012	4	\$66.80	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Island Life Chiropractic Pain Care PLLC	98940	10/05/2012-11/01/2012	4	\$105.64	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Island Life Chiropractic Pain Care PLLC	97139	11/15/2012-11/28/2012	5	\$68.08	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Island Life Chiropractic Pain Care PLLC	98941	11/15/2012-11/23/2012	3	\$104.04	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Island Life Chiropractic Pain Care PLLC	98940	11/26/2012-11/28/2012	2	\$52.82	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Island Life Chiropractic Pain Care PLLC	97139	12/10/2012-12/27/2012	3	\$50.10	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Island Life Chiropractic Pain Care PLLC	98940	12/10/2012-12/27/2012	3	\$79.23	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	99203	07/26/2012	1	\$54.74	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	98940	07/30/2012-08/06/2012	3	\$79.23	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	98941	07/31/2012-08/13/2012	3	\$104.04	Allstate Prop. and Cas. Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	97139	09/14/2012-10/01/2012	7	\$44.96	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	98941	09/14/2012-09/27/2012	5	\$173.40	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	98940	09/25/2012-10/01/2012	2	\$52.82	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	97139	10/09/2012-11/07/2012	8	\$68.08	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	98941	10/09/2012-10/22/2012	3	\$104.04	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	98940	10/18/2012-11/07/2012	5	\$52.82	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Island Life Chiropractic Pain Care PLLC	99203	07/03/2012	1	\$54.74	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Island Life Chiropractic Pain Care PLLC	98940	07/16/2012-08/20/2012	3	\$79.23	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Island Life Chiropractic Pain Care PLLC	98941	07/17/2012-08/16/2012	7	\$242.76	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Island Life Chiropractic Pain Care PLLC	98941	08/28/2012-09/18/2012	4	\$138.72	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Island Life Chiropractic Pain Care PLLC	98940	09/20/2012	1	\$26.41	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Island Life Chiropractic Pain Care PLLC	97139	10/16/2012-10/31/2012	5	\$57.80	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Island Life Chiropractic Pain Care PLLC	98941	10/16/2012-10/31/2012	5	\$173.40	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Island Life Chiropractic Pain Care PLLC	97139	11/07/2012-11/26/2012	7	\$44.96	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Island Life Chiropractic Pain Care PLLC	98940	11/07/2012-11/26/2012	4	\$105.64	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Island Life Chiropractic Pain Care PLLC	98941	11/08/2012-11/20/2012	3	\$104.04	Allstate Prop. and Cas. Ins. Co.
0257961391-07	M.P.	Island Life Chiropractic Pain Care PLLC	99203	08/29/2012	1	\$54.74	Allstate Ins. Co.
0257961391-07	M.P.	Island Life Chiropractic Pain Care PLLC	97139	08/31/2012-10/02/2012	9	\$150.30	Allstate Ins. Co.
0257961391-07	M.P.	Island Life Chiropractic Pain Care PLLC	98940	08/31/2012-10/02/2012	5	\$132.05	Allstate Ins. Co.
0257961391-07	M.P.	Island Life Chiropractic Pain Care PLLC	98941	09/14/2012-09/25/2012	4	\$118.16	Allstate Ins. Co.
0257961391-07	M.P.	Island Life Chiropractic Pain Care PLLC	97139	10/03/2012-10/25/2012	7	\$116.90	Allstate Ins. Co.
0257961391-07	M.P.	Island Life Chiropractic Pain Care PLLC	98940	10/03/2012-10/09/2012	2	\$52.82	Allstate Ins. Co.
0257961391-07	M.P.	Island Life Chiropractic Pain Care PLLC	98941	10/08/2012-10/25/2012	5	\$147.70	Allstate Ins. Co.
0257961391-07	M.P.	Island Life Chiropractic Pain Care PLLC	99212	10/16/2012	1	\$26.41	Allstate Ins. Co.
0257961391-07	M.P.	Island Life Chiropractic Pain Care PLLC	97139	11/28/2012-12/04/2012	2	\$33.40	Allstate Ins. Co.
0257961391-07	M.P.	Island Life Chiropractic Pain Care PLLC	98941	11/28/2012	1	\$29.54	Allstate Ins. Co.
0257961391-07	M.P.	Island Life Chiropractic Pain Care PLLC	98940	12/04/2012	1	\$26.41	Allstate Ins. Co.
0257961391-13	J.J.	Island Life Chiropractic Pain Care PLLC	99203	08/29/2012	1	\$54.74	Allstate Ins. Co.
0257961391-13	J.J.	Island Life Chiropractic Pain Care PLLC	97139	08/31/2012-09/26/2012	12	\$200.40	Allstate Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0257961391-13	J.J.	Island Life Chiropractic Pain Care PLLC	98940	08/31/2012-09/26/2012	13	\$343.33	Allstate Ins. Co.
0261148811-03	E.C.	Island Life Chiropractic Pain Care PLLC	95999	09/26/2012	1	\$1,022.00	Allstate Fire and Cas. Ins. Co.
0268725595-01	J.B.	Island Life Chiropractic Pain Care PLLC	95999	12/10/2012	1	\$1,314.00	Allstate Ins. Co.
0268725595-01	J.B.	Island Life Chiropractic Pain Care PLLC	95999	01/29/2013	1	\$1,022.00	Allstate Ins. Co.
0342499539-01	J.R.	Island Life Chiropractic Pain Care PLLC	95925	01/20/2015	1	\$206.69	Allstate Ins. Co.
0342499539-01	J.R.	Island Life Chiropractic Pain Care PLLC	95926	01/20/2015	1	\$620.07	Allstate Ins. Co.
0374512275-03	Z.S.	Island Life Chiropractic Pain Care PLLC	99203	07/01/2015	1	\$54.74	Allstate Ins. Co.
0246761522-01	D.H.	Maria Shiela Masigla PT	97001	06/04/2012	1	\$42.35	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Maria Shiela Masigla PT	97010	06/04/2012-06/19/2012	8	\$146.00	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Maria Shiela Masigla PT	97110	06/04/2012-06/19/2012	8	\$244.56	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Maria Shiela Masigla PT	97124	06/04/2012-06/19/2012	8	\$102.24	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Maria Shiela Masigla PT	97010	06/21/2012-07/02/2012	5	\$91.25	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Maria Shiela Masigla PT	97110	06/21/2012-07/02/2012	5	\$152.85	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Maria Shiela Masigla PT	97124	06/21/2012-07/02/2012	5	\$63.90	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Maria Shiela Masigla PT	99358	07/02/2012	1	\$143.20	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Maria Shiela Masigla PT	97010	07/03/2012-08/03/2012	7	\$84.70	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Maria Shiela Masigla PT	97799	07/03/2012-08/03/2012	7	\$346.50	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Maria Shiela Masigla PT	97010	08/07/2012-09/18/2012	13	\$237.25	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Maria Shiela Masigla PT	97110	08/07/2012-09/18/2012	13	\$359.53	Allstate Prop. and Cas. Ins. Co.
0246761522-01	D.H.	Maria Shiela Masigla PT	97124	08/07/2012-09/18/2012	13	\$115.02	Allstate Prop. and Cas. Ins. Co.
0247042302-01	B.B.	Maria Shiela Masigla PT	97001	06/28/2012	1	\$42.35	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Maria Shiela Masigla PT	97010	06/28/2012-07/25/2012	12	\$219.00	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Maria Shiela Masigla PT	97110	06/28/2012-07/25/2012	12	\$366.84	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Maria Shiela Masigla PT	97124	06/28/2012-07/25/2012	12	\$153.36	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Maria Shiela Masigla PT	99358	07/02/2012	1	\$143.20	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Maria Shiela Masigla PT	97750	07/12/2012	1	\$249.96	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Maria Shiela Masigla PT	97010	07/30/2012-08/01/2012	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Maria Shiela Masigla PT	97110	07/30/2012-08/01/2012	2	\$61.14	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Maria Shiela Masigla PT	97124	07/30/2012-08/01/2012	2	\$25.56	Allstate Fire and Cas. Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0247042302-01	B.B.	Maria Shiela Masigla PT	97010	08/03/2012-09/10/2012	10	\$182.50	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Maria Shiela Masigla PT	97110	08/03/2012-09/10/2012	10	\$286.76	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Maria Shiela Masigla PT	97124	08/03/2012-09/10/2012	10	\$102.24	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Maria Shiela Masigla PT	97010	09/18/2012-10/23/2012	8	\$146.00	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Maria Shiela Masigla PT	97110	09/18/2012-10/23/2012	8	\$235.09	Allstate Fire and Cas. Ins. Co.
0247042302-01	B.B.	Maria Shiela Masigla PT	97124	09/18/2012-10/23/2012	8	\$89.46	Allstate Fire and Cas. Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97001	06/07/2012	1	\$72.92	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97010	06/07/2012-06/25/2012	8	\$146.00	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97110	06/07/2012-06/25/2012	8	\$226.77	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97124	06/07/2012-06/25/2012	8	\$89.46	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97010	06/26/2012-07/10/2012	6	\$109.50	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97110	06/26/2012-07/10/2012	6	\$183.42	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97124	06/26/2012-07/10/2012	6	\$76.68	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97010	07/11/2012-08/02/2012	8	\$146.00	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97110	07/11/2012-08/02/2012	8	\$244.56	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97124	07/11/2012-08/02/2012	8	\$102.24	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97010	08/06/2012-09/12/2012	11	\$200.75	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97110	08/06/2012-09/12/2012	11	\$336.27	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97124	08/06/2012-09/12/2012	11	\$140.58	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97799	08/06/2012-08/30/2012	7	\$143.36	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97010	09/19/2012-10/31/2012	12	\$219.00	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97110	09/19/2012-10/31/2012	12	\$366.84	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97124	09/19/2012-10/31/2012	12	\$153.36	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97010	09/21/2012	1	\$18.25	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97110	09/21/2012	1	\$30.57	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97124	09/21/2012	1	\$12.78	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97010	11/07/2012-11/14/2012	3	\$54.75	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97110	11/07/2012-11/14/2012	3	\$91.71	Allstate Ins. Co.
0247385354-01	J.E.	Maria Shiela Masigla PT	97124	11/07/2012-11/14/2012	3	\$38.34	Allstate Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0247385354-04	R.K.	Maria Shiela Masigla PT	97001	06/07/2012	1	\$72.92	Allstate Ins. Co.
0247385354-04	R.K.	Maria Shiela Masigla PT	97010	06/07/2012-06/27/2012	10	\$182.50	Allstate Ins. Co.
0247385354-04	R.K.	Maria Shiela Masigla PT	97110	06/07/2012-06/27/2012	10	\$287.91	Allstate Ins. Co.
0247385354-04	R.K.	Maria Shiela Masigla PT	97124	06/07/2012-06/27/2012	10	\$115.02	Allstate Ins. Co.
0247385354-04	R.K.	Maria Shiela Masigla PT	97010	06/28/2012-07/10/2012	6	\$109.50	Allstate Ins. Co.
0247385354-04	R.K.	Maria Shiela Masigla PT	97110	06/28/2012-07/10/2012	6	\$183.42	Allstate Ins. Co.
0247385354-04	R.K.	Maria Shiela Masigla PT	97124	06/28/2012-07/10/2012	6	\$76.68	Allstate Ins. Co.
0247385354-04	R.K.	Maria Shiela Masigla PT	97010	07/11/2012-08/07/2012	9	\$164.25	Allstate Ins. Co.
0247385354-04	R.K.	Maria Shiela Masigla PT	97110	07/11/2012-08/07/2012	9	\$275.13	Allstate Ins. Co.
0247385354-04	R.K.	Maria Shiela Masigla PT	97124	07/11/2012-08/07/2012	9	\$115.02	Allstate Ins. Co.
0247385354-04	R.K.	Maria Shiela Masigla PT	97750	07/16/2012	1	\$41.66	Allstate Ins. Co.
0247385354-04	R.K.	Maria Shiela Masigla PT	97010	08/08/2012-09/18/2012	12	\$219.00	Allstate Ins. Co.
0247385354-04	R.K.	Maria Shiela Masigla PT	97110	08/08/2012-09/18/2012	12	\$366.84	Allstate Ins. Co.
0247385354-04	R.K.	Maria Shiela Masigla PT	97124	08/08/2012-09/18/2012	12	\$153.36	Allstate Ins. Co.
0247385354-04	R.K.	Maria Shiela Masigla PT	97010	09/26/2012-10/12/2012	3	\$1.55	Allstate Ins. Co.
0247385354-04	R.K.	Maria Shiela Masigla PT	97110	09/26/2012-10/12/2012	3	\$30.57	Allstate Ins. Co.
0247385354-04	R.K.	Maria Shiela Masigla PT	97124	09/26/2012-10/12/2012	3	\$12.78	Allstate Ins. Co.
0247385354-05	R.I.	Maria Shiela Masigla PT	97001	06/07/2012	1	\$72.92	Allstate Ins. Co.
0247385354-05	R.I.	Maria Shiela Masigla PT	97010	06/07/2012-07/05/2012	11	\$200.75	Allstate Ins. Co.
0247385354-05	R.I.	Maria Shiela Masigla PT	97110	06/07/2012-07/05/2012	11	\$318.48	Allstate Ins. Co.
0247385354-05	R.I.	Maria Shiela Masigla PT	97124	06/07/2012-07/05/2012	11	\$127.80	Allstate Ins. Co.
0247385354-05	R.I.	Maria Shiela Masigla PT	97010	07/23/2012-08/06/2012	6	\$109.50	Allstate Ins. Co.
0247385354-05	R.I.	Maria Shiela Masigla PT	97110	07/23/2012-08/06/2012	6	\$183.42	Allstate Ins. Co.
0247385354-05	R.I.	Maria Shiela Masigla PT	97124	07/23/2012-08/06/2012	6	\$76.68	Allstate Ins. Co.
0247385354-05	R.I.	Maria Shiela Masigla PT	97010	08/08/2012-09/12/2012	7	\$127.75	Allstate Ins. Co.
0247385354-05	R.I.	Maria Shiela Masigla PT	97110	08/08/2012-09/12/2012	7	\$213.99	Allstate Ins. Co.
0247385354-05	R.I.	Maria Shiela Masigla PT	97124	08/08/2012-09/12/2012	7	\$89.46	Allstate Ins. Co.
0247385354-05	R.I.	Maria Shiela Masigla PT	97010	09/21/2012-10/01/2012	3	\$54.75	Allstate Ins. Co.
0247385354-05	R.I.	Maria Shiela Masigla PT	97110	09/21/2012-10/01/2012	3	\$90.45	Allstate Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0247385354-05	R.I.	Maria Shiela Masigla PT	97124	09/21/2012-10/01/2012	3	\$39.60	Allstate Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97001	06/27/2012	1	\$42.35	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97010	06/27/2012-07/16/2012	10	\$182.50	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97110	06/27/2012-07/16/2012	10	\$305.70	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97124	06/27/2012-07/16/2012	10	\$127.80	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	99358	07/02/2012	1	\$143.20	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97750	07/12/2012	1	\$41.66	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97010	07/17/2012-07/25/2012	5	\$91.25	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97110	07/17/2012-07/25/2012	5	\$152.85	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97124	07/17/2012-07/25/2012	5	\$63.90	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97010	07/30/2012-08/08/2012	4	\$73.00	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97110	07/30/2012-08/08/2012	4	\$122.28	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97124	07/30/2012-08/08/2012	4	\$51.12	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97010	08/13/2012-09/19/2012	12	\$219.00	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97110	08/13/2012-09/19/2012	12	\$366.84	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97124	08/13/2012-09/19/2012	12	\$153.36	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97010	10/02/2012-11/09/2012	9	\$164.25	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97110	10/02/2012-11/09/2012	9	\$275.13	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97124	10/02/2012-11/09/2012	9	\$115.02	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97010	11/16/2012-11/26/2012	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97110	11/16/2012-11/26/2012	2	\$61.14	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97124	11/16/2012-11/26/2012	2	\$25.56	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97010	12/07/2012-12/26/2012	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97110	12/07/2012-12/26/2012	2	\$61.14	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97124	12/07/2012-12/26/2012	2	\$25.56	Allstate Fire and Cas. Ins. Co.
0249232133-03	M.M.	Maria Shiela Masigla PT	97799	12/07/2012	1	\$49.50	Allstate Fire and Cas. Ins. Co.
0252361290-05	G.T.	Maria Shiela Masigla PT	97001	08/15/2012	1	\$42.35	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Maria Shiela Masigla PT	97010	08/15/2012-09/04/2012	8	\$146.00	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Maria Shiela Masigla PT	97110	08/15/2012-09/04/2012	8	\$244.56	Allstate Prop. and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0252361290-05	G.T.	Maria Shiela Masigla PT	97124	08/15/2012-09/04/2012	8	\$102.24	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Maria Shiela Masigla PT	97010	09/07/2012-09/21/2012	5	\$91.25	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Maria Shiela Masigla PT	97110	09/07/2012-09/21/2012	5	\$152.85	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Maria Shiela Masigla PT	97124	09/07/2012-09/21/2012	5	\$63.90	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Maria Shiela Masigla PT	97010	10/01/2012-11/15/2012	6	\$109.50	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Maria Shiela Masigla PT	97110	10/01/2012-11/15/2012	6	\$183.42	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Maria Shiela Masigla PT	97124	10/01/2012-11/15/2012	6	\$76.68	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Maria Shiela Masigla PT	97010	11/20/2012-11/28/2012	4	\$73.00	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Maria Shiela Masigla PT	97110	11/20/2012-11/28/2012	4	\$122.28	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Maria Shiela Masigla PT	97124	11/20/2012-11/28/2012	4	\$51.12	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Maria Shiela Masigla PT	97010	12/17/2012-12/27/2012	2	\$36.50	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Maria Shiela Masigla PT	97110	12/17/2012-12/27/2012	2	\$61.14	Allstate Prop. and Cas. Ins. Co.
0252361290-05	G.T.	Maria Shiela Masigla PT	97124	12/17/2012-12/27/2012	2	\$25.56	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97799	07/19/2012-08/13/2012	10	\$184.32	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97010	08/08/2012	1	\$18.25	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97110	08/08/2012	1	\$30.57	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97124	08/08/2012	1	\$12.78	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97010	09/14/2012-09/19/2012	4	\$73.00	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97110	09/14/2012-09/19/2012	4	\$122.28	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97124	09/14/2012-09/19/2012	4	\$51.12	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97010	10/01/2012-10/31/2012	10	\$182.50	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97110	10/01/2012-10/31/2012	10	\$293.94	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97124	10/01/2012-10/31/2012	10	\$54.78	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97010	11/05/2012-11/14/2012	3	\$54.75	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97110	11/05/2012-11/14/2012	3	\$91.71	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97124	11/05/2012-11/14/2012	3	\$38.34	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97010	11/16/2012-11/29/2012	5	\$91.25	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97110	11/16/2012-11/29/2012	5	\$152.85	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97124	11/16/2012-11/29/2012	5	\$63.90	Allstate Prop. and Cas. Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0253727044-01	G.M.	Maria Shiela Masigla PT	97010	12/04/2012	1	\$18.25	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97110	12/04/2012	1	\$30.57	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97124	12/04/2012	1	\$12.78	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97010	12/06/2012-01/09/2013	10	\$182.50	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97110	12/06/2012-01/09/2013	10	\$305.70	Allstate Prop. and Cas. Ins. Co.
0253727044-01	G.M.	Maria Shiela Masigla PT	97124	12/06/2012-01/09/2013	10	\$127.80	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Maria Shiela Masigla PT	97001	07/03/2012	1	\$72.92	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Maria Shiela Masigla PT	97010	07/03/2012-08/16/2012	13	\$229.55	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Maria Shiela Masigla PT	97110	07/03/2012-08/16/2012	13	\$274.44	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Maria Shiela Masigla PT	97799	07/03/2012-08/16/2012	13	\$266.24	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Maria Shiela Masigla PT	97010	08/20/2012-09/20/2012	6	\$91.05	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Maria Shiela Masigla PT	97110	08/20/2012-09/20/2012	6	\$91.71	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Maria Shiela Masigla PT	97124	08/20/2012-09/20/2012	6	\$38.34	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Maria Shiela Masigla PT	97799	08/20/2012-08/31/2012	3	\$148.50	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Maria Shiela Masigla PT	97010	10/03/2012-11/13/2012	12	\$145.20	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Maria Shiela Masigla PT	97799	10/03/2012-11/13/2012	11	\$544.50	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Maria Shiela Masigla PT	97010	11/08/2012	1	\$12.10	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Maria Shiela Masigla PT	97010	11/12/2012-11/26/2012	5	\$54.75	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Maria Shiela Masigla PT	97110	11/12/2012-11/26/2012	5	\$91.71	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Maria Shiela Masigla PT	97124	11/12/2012-11/26/2012	5	\$38.34	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Maria Shiela Masigla PT	97010	12/03/2012	1	\$18.25	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Maria Shiela Masigla PT	97110	12/03/2012	1	\$30.57	Allstate Prop. and Cas. Ins. Co.
0253727044-04	D.M.	Maria Shiela Masigla PT	97124	12/03/2012	1	\$12.78	Allstate Prop. and Cas. Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	64550	08/27/2012-09/18/2012	10	\$733.00	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97001	08/27/2012	1	\$72.92	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97010	08/27/2012-09/18/2012	10	\$182.50	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97110	08/27/2012-09/18/2012	10	\$304.44	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97124	08/27/2012-09/18/2012	10	\$129.06	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97799	08/27/2012-10/03/2012	8	\$396.00	Allstate Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0257961391-07	M.P.	Maria Shiela Masigla PT	64550	09/20/2012-10/03/2012	6	\$439.80	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97010	09/20/2012-10/03/2012	6	\$109.50	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97110	09/20/2012-10/03/2012	6	\$183.42	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97124	09/20/2012-10/03/2012	6	\$76.68	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97010	10/08/2012-11/13/2012	11	\$200.75	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97110	10/08/2012-11/13/2012	11	\$211.00	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97124	10/08/2012-11/13/2012	11	\$14.04	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97010	11/19/2012-11/29/2012	4	\$73.00	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97110	11/19/2012-11/29/2012	4	\$84.40	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97010	12/04/2012-12/05/2012	2	\$36.50	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97110	12/04/2012-12/05/2012	2	\$42.20	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97010	12/11/2012-01/11/2013	4	\$73.00	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97110	12/11/2012-01/11/2013	4	\$122.28	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97124	12/11/2012-01/11/2013	4	\$51.12	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97010	01/29/2013	1	\$18.25	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97110	01/29/2013	1	\$23.18	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97124	01/29/2013	1	\$20.17	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97010	02/05/2013	1	\$18.25	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97110	02/05/2013	1	\$23.18	Allstate Ins. Co.
0257961391-07	M.P.	Maria Shiela Masigla PT	97124	02/05/2013	1	\$20.17	Allstate Ins. Co.
0257961391-13	J.J.	Maria Shiela Masigla PT	64550	08/27/2012-09/14/2012	9	\$659.70	Allstate Ins. Co.
0257961391-13	J.J.	Maria Shiela Masigla PT	97001	08/27/2012	1	\$72.92	Allstate Ins. Co.
0257961391-13	J.J.	Maria Shiela Masigla PT	97010	08/27/2012-09/17/2012	10	\$182.50	Allstate Ins. Co.
0257961391-13	J.J.	Maria Shiela Masigla PT	97110	08/27/2012-09/17/2012	10	\$304.44	Allstate Ins. Co.
0257961391-13	J.J.	Maria Shiela Masigla PT	97124	08/27/2012-09/17/2012	10	\$129.06	Allstate Ins. Co.
0257961391-13	J.J.	Maria Shiela Masigla PT	97799	08/27/2012-10/01/2012	5	\$247.50	Allstate Ins. Co.
0257961391-13	J.J.	Maria Shiela Masigla PT	64550	09/17/2012-10/01/2012	7	\$513.10	Allstate Ins. Co.
0257961391-13	J.J.	Maria Shiela Masigla PT	97010	09/18/2012-10/01/2012	6	\$109.50	Allstate Ins. Co.
0257961391-13	J.J.	Maria Shiela Masigla PT	97110	09/18/2012-10/01/2012	6	\$183.42	Allstate Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0257961391-13	J.J.	Maria Shiela Masigla PT	97124	09/18/2012-10/01/2012	6	\$76.68	Allstate Ins. Co.
0257961391-13	J.J.	Maria Shiela Masigla PT	97010	10/04/2012-10/16/2012	6	\$109.50	Allstate Ins. Co.
0257961391-13	J.J.	Maria Shiela Masigla PT	97110	10/04/2012-10/16/2012	6	\$183.42	Allstate Ins. Co.
0257961391-13	J.J.	Maria Shiela Masigla PT	97124	10/04/2012-10/16/2012	6	\$76.68	Allstate Ins. Co.
0259040152-03	R.J.	Maria Shiela Masigla PT	97001	09/20/2012	1	\$72.92	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Maria Shiela Masigla PT	97010	09/20/2012-10/23/2012	10	\$182.50	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Maria Shiela Masigla PT	97110	09/20/2012-10/23/2012	10	\$287.91	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Maria Shiela Masigla PT	97124	09/20/2012-10/23/2012	10	\$115.02	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Maria Shiela Masigla PT	64550	10/24/2012-11/02/2012	3	\$219.90	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Maria Shiela Masigla PT	97010	10/24/2012-11/02/2012	3	\$54.75	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Maria Shiela Masigla PT	97110	10/24/2012-11/02/2012	3	\$91.71	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Maria Shiela Masigla PT	97124	10/24/2012-11/02/2012	3	\$38.34	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Maria Shiela Masigla PT	64550	11/05/2012-11/30/2012	8	\$586.40	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Maria Shiela Masigla PT	97010	11/05/2012-11/30/2012	8	\$146.00	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Maria Shiela Masigla PT	97110	11/05/2012-11/30/2012	8	\$244.56	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Maria Shiela Masigla PT	97124	11/05/2012-11/30/2012	8	\$102.24	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Maria Shiela Masigla PT	64550	12/03/2012-12/04/2012	2	\$146.60	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Maria Shiela Masigla PT	97010	12/03/2012-12/04/2012	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Maria Shiela Masigla PT	97110	12/03/2012-12/04/2012	2	\$61.14	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Maria Shiela Masigla PT	97124	12/03/2012-12/04/2012	2	\$25.56	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Maria Shiela Masigla PT	97010	12/05/2012-12/12/2012	3	\$54.75	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Maria Shiela Masigla PT	97110	12/05/2012-12/12/2012	3	\$91.71	Allstate Fire and Cas. Ins. Co.
0259040152-03	R.J.	Maria Shiela Masigla PT	97124	12/05/2012-12/12/2012	3	\$42.12	Allstate Fire and Cas. Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97001	09/24/2012	1	\$72.92	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97010	09/24/2012-10/15/2012	9	\$164.25	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97110	09/24/2012-10/15/2012	9	\$257.34	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97124	09/24/2012-10/15/2012	9	\$102.24	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97010	10/17/2012-11/06/2012	7	\$127.75	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97110	10/17/2012-11/06/2012	7	\$213.99	Allstate Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0259681756-03	T.P.	Maria Shiela Masigla PT	97124	10/17/2012-11/06/2012	7	\$89.46	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97010	11/23/2012-11/30/2012	4	\$73.00	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97110	11/23/2012-11/30/2012	4	\$122.28	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97124	11/23/2012-11/30/2012	4	\$51.12	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97010	12/03/2012	1	\$18.25	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97110	12/03/2012	1	\$30.57	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97124	12/03/2012	1	\$12.78	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97010	12/10/2012-01/09/2013	9	\$145.31	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97110	12/10/2012-01/09/2013	9	\$275.13	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97124	12/10/2012-01/09/2013	9	\$89.46	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97010	01/17/2013-01/25/2013	4	\$16.17	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97110	01/17/2013-01/25/2013	4	\$71.69	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97124	01/17/2013-01/25/2013	4	\$60.51	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	64550	02/07/2013-02/15/2013	2	\$146.60	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97010	02/07/2013-02/15/2013	2	\$36.50	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97110	02/07/2013-02/15/2013	2	\$46.36	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97124	02/07/2013-02/15/2013	2	\$40.34	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	64550	03/29/2013-04/09/2013	3	\$219.90	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97010	03/29/2013-04/09/2013	3	\$54.75	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97110	03/29/2013-04/09/2013	3	\$69.54	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97124	03/29/2013-04/09/2013	3	\$60.51	Allstate Ins. Co.
0259681756-03	T.P.	Maria Shiela Masigla PT	97799	03/29/2013-04/09/2013	3	\$148.50	Allstate Ins. Co.
0259686599-02	D.R.	Maria Shiela Masigla PT	97001	09/19/2012	1	\$42.35	Allstate Ins. Co.
0259686599-02	D.R.	Maria Shiela Masigla PT	97010	09/19/2012-09/24/2012	3	\$54.75	Allstate Ins. Co.
0259686599-02	D.R.	Maria Shiela Masigla PT	97110	09/19/2012-09/24/2012	3	\$91.71	Allstate Ins. Co.
0259686599-02	D.R.	Maria Shiela Masigla PT	97124	09/19/2012-09/24/2012	3	\$38.34	Allstate Ins. Co.
0259686599-03	V.C.	Maria Shiela Masigla PT	97001	09/19/2012	1	\$72.92	Allstate Ins. Co.
0259686599-03	V.C.	Maria Shiela Masigla PT	97799	09/25/2012-10/10/2012	6	\$297.00	Allstate Ins. Co.
0259686599-03	V.C.	Maria Shiela Masigla PT	97010	10/16/2012-10/31/2012	6	\$52.68	Allstate Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0259686599-03	V.C.	Maria Shiela Masigla PT	97110	10/16/2012-10/31/2012	6	\$183.42	Allstate Ins. Co.
0259686599-03	V.C.	Maria Shiela Masigla PT	97010	10/31/2012-11/28/2012	9	\$70.24	Allstate Ins. Co.
0259686599-03	V.C.	Maria Shiela Masigla PT	97110	10/31/2012-11/28/2012	9	\$244.56	Allstate Ins. Co.
0259686599-03	V.C.	Maria Shiela Masigla PT	97010	12/06/2012-01/07/2013	7	\$43.90	Allstate Ins. Co.
0259686599-03	V.C.	Maria Shiela Masigla PT	97110	12/06/2012-01/07/2013	7	\$152.85	Allstate Ins. Co.
0259686599-03	V.C.	Maria Shiela Masigla PT	64550	01/11/2013-01/24/2013	4	\$293.20	Allstate Ins. Co.
0259686599-03	V.C.	Maria Shiela Masigla PT	97799	01/24/2013	1	\$49.50	Allstate Ins. Co.
0259686599-07	L.C.	Maria Shiela Masigla PT	97001	09/21/2012	1	\$42.35	Allstate Ins. Co.
0259686599-07	L.C.	Maria Shiela Masigla PT	97010	09/21/2012-10/15/2012	10	\$182.50	Allstate Ins. Co.
0259686599-07	L.C.	Maria Shiela Masigla PT	97110	09/21/2012-10/15/2012	10	\$305.70	Allstate Ins. Co.
0259686599-07	L.C.	Maria Shiela Masigla PT	97124	09/21/2012-10/15/2012	10	\$127.80	Allstate Ins. Co.
0259686599-07	L.C.	Maria Shiela Masigla PT	97010	10/16/2012-10/31/2012	3	\$26.34	Allstate Ins. Co.
0259686599-07	L.C.	Maria Shiela Masigla PT	97110	10/16/2012-10/31/2012	3	\$91.71	Allstate Ins. Co.
0259686599-07	L.C.	Maria Shiela Masigla PT	97010	11/02/2012-11/28/2012	7	\$61.46	Allstate Ins. Co.
0259686599-07	L.C.	Maria Shiela Masigla PT	97110	11/02/2012-11/28/2012	7	\$213.99	Allstate Ins. Co.
0259686599-07	L.C.	Maria Shiela Masigla PT	97010	12/04/2012-01/07/2013	12	\$105.36	Allstate Ins. Co.
0259686599-07	L.C.	Maria Shiela Masigla PT	97110	12/04/2012-01/07/2013	12	\$366.84	Allstate Ins. Co.
0259686599-07	L.C.	Maria Shiela Masigla PT	64550	01/11/2013-01/24/2013	4	\$293.20	Allstate Ins. Co.
0259686599-07	L.C.	Maria Shiela Masigla PT	97010	01/11/2013-01/24/2013	4	\$73.00	Allstate Ins. Co.
0259686599-07	L.C.	Maria Shiela Masigla PT	97110	01/11/2013-01/24/2013	4	\$122.28	Allstate Ins. Co.
0259686599-07	L.C.	Maria Shiela Masigla PT	64550	01/24/2013-01/31/2013	2	\$146.60	Allstate Ins. Co.
0259686599-07	L.C.	Maria Shiela Masigla PT	97799	01/24/2013	1	\$49.50	Allstate Ins. Co.
0259686599-07	L.C.	Maria Shiela Masigla PT	97799	01/24/2013-01/31/2013	2	\$78.70	Allstate Ins. Co.
0259686599-07	L.C.	Maria Shiela Masigla PT	64550	02/07/2013-02/12/2013	2	\$146.60	Allstate Ins. Co.
0259686599-07	L.C.	Maria Shiela Masigla PT	97124	02/07/2013-02/12/2013	2	\$12.10	Allstate Ins. Co.
0259686599-07	L.C.	Maria Shiela Masigla PT	97799	02/07/2013-02/12/2013	2	\$49.50	Allstate Ins. Co.
0261148811-03	E.C.	Maria Shiela Masigla PT	97001	09/20/2012	1	\$42.35	Allstate Fire and Cas. Ins. Co.
0261148811-03	E.C.	Maria Shiela Masigla PT	97010	09/20/2012-10/15/2012	11	\$200.75	Allstate Fire and Cas. Ins. Co.
0261148811-03	E.C.	Maria Shiela Masigla PT	97110	09/20/2012-10/15/2012	11	\$335.01	Allstate Fire and Cas. Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0261148811-03	E.C.	Maria Shiela Masigla PT	97124	09/20/2012-10/15/2012	11	\$141.84	Allstate Fire and Cas. Ins. Co.
0261148811-03	E.C.	Maria Shiela Masigla PT	97010	10/16/2012-11/01/2012	7	\$127.75	Allstate Fire and Cas. Ins. Co.
0261148811-03	E.C.	Maria Shiela Masigla PT	97110	10/16/2012-11/01/2012	7	\$213.99	Allstate Fire and Cas. Ins. Co.
0261148811-03	E.C.	Maria Shiela Masigla PT	97124	10/16/2012-11/01/2012	7	\$89.46	Allstate Fire and Cas. Ins. Co.
0261148811-03	E.C.	Maria Shiela Masigla PT	97010	11/07/2012-11/28/2012	6	\$109.50	Allstate Fire and Cas. Ins. Co.
0261148811-03	E.C.	Maria Shiela Masigla PT	97110	11/07/2012-11/28/2012	6	\$156.62	Allstate Fire and Cas. Ins. Co.
0261148811-03	E.C.	Maria Shiela Masigla PT	97124	11/07/2012-11/28/2012	6	\$12.78	Allstate Fire and Cas. Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	64550	12/03/2012-01/08/2013	11	\$806.30	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	97001	12/03/2012	1	\$72.92	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	97010	12/03/2012-01/08/2013	11	\$200.75	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	97110	12/03/2012-01/08/2013	11	\$312.69	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	97124	12/03/2012-01/08/2013	11	\$25.56	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	97799	12/03/2012-12/19/2012	8	\$396.00	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	64550	01/14/2013-01/29/2013	6	\$439.80	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	97010	01/14/2013-01/29/2013	6	\$109.50	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	97110	01/14/2013-01/29/2013	6	\$175.56	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	97124	01/14/2013-01/29/2013	6	\$38.34	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	97799	01/23/2013-01/29/2013	3	\$148.50	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	64550	01/31/2013-02/04/2013	2	\$146.60	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	97010	01/31/2013-02/04/2013	2	\$36.50	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	97110	01/31/2013-02/04/2013	2	\$46.36	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	97124	01/31/2013-02/04/2013	2	\$40.34	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	97799	01/31/2013-02/04/2013	2	\$99.00	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	64550	02/19/2013	1	\$73.30	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	97010	02/19/2013	1	\$18.25	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	97110	02/19/2013	1	\$23.18	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	97124	02/19/2013	1	\$20.17	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	97799	02/19/2013	1	\$49.50	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	64550	02/21/2013-03/11/2013	9	\$659.70	Allstate Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0268725595-01	J.B.	Maria Shiela Masigla PT	97010	02/21/2013-03/11/2013	9	\$102.65	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	97110	02/21/2013-03/11/2013	9	\$208.62	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	97124	02/21/2013-03/11/2013	9	\$181.53	Allstate Ins. Co.
0268725595-01	J.B.	Maria Shiela Masigla PT	97799	02/21/2013-03/11/2013	9	\$445.50	Allstate Ins. Co.
0268725595-04	N.A.	Maria Shiela Masigla PT	97001	12/05/2012	1	\$42.35	Allstate Ins. Co.
0268725595-04	N.A.	Maria Shiela Masigla PT	97010	12/05/2012-12/26/2012	9	\$164.25	Allstate Ins. Co.
0268725595-04	N.A.	Maria Shiela Masigla PT	97110	12/05/2012-12/26/2012	9	\$262.03	Allstate Ins. Co.
0268725595-04	N.A.	Maria Shiela Masigla PT	97124	12/05/2012-12/26/2012	9	\$51.12	Allstate Ins. Co.
0268725595-04	N.A.	Maria Shiela Masigla PT	97010	01/11/2013-01/25/2013	7	\$127.75	Allstate Ins. Co.
0268725595-04	N.A.	Maria Shiela Masigla PT	97110	01/11/2013-01/25/2013	7	\$213.99	Allstate Ins. Co.
0268725595-04	N.A.	Maria Shiela Masigla PT	97124	01/11/2013-01/25/2013	7	\$89.46	Allstate Ins. Co.
0268725595-04	N.A.	Maria Shiela Masigla PT	97010	02/21/2013-03/11/2013	7	\$127.75	Allstate Ins. Co.
0268725595-04	N.A.	Maria Shiela Masigla PT	97110	02/21/2013-03/11/2013	7	\$162.26	Allstate Ins. Co.
0268725595-04	N.A.	Maria Shiela Masigla PT	97124	02/21/2013-03/11/2013	7	\$141.19	Allstate Ins. Co.
0268725595-04	N.A.	Maria Shiela Masigla PT	97010	03/12/2013-04/10/2013	8	\$146.00	Allstate Ins. Co.
0268725595-04	N.A.	Maria Shiela Masigla PT	97110	03/12/2013-04/10/2013	8	\$185.44	Allstate Ins. Co.
0268725595-04	N.A.	Maria Shiela Masigla PT	97124	03/12/2013-04/10/2013	8	\$161.36	Allstate Ins. Co.
0268725595-06	D.P.	Maria Shiela Masigla PT	97010	02/20/2013	1	\$18.25	Allstate Ins. Co.
0268725595-06	D.P.	Maria Shiela Masigla PT	97110	02/20/2013	1	\$23.18	Allstate Ins. Co.
0268725595-06	D.P.	Maria Shiela Masigla PT	97124	02/20/2013	1	\$20.17	Allstate Ins. Co.
0268725595-06	D.P.	Maria Shiela Masigla PT	97010	02/21/2013-03/07/2013	2	\$18.25	Allstate Ins. Co.
0268725595-06	D.P.	Maria Shiela Masigla PT	97110	02/21/2013-03/07/2013	2	\$33.81	Allstate Ins. Co.
0268725595-06	D.P.	Maria Shiela Masigla PT	97124	02/21/2013-03/07/2013	2	\$40.34	Allstate Ins. Co.
0268725595-06	D.P.	Maria Shiela Masigla PT	97010	03/12/2013-03/18/2013	4	\$54.75	Allstate Ins. Co.
0268725595-06	D.P.	Maria Shiela Masigla PT	97110	03/12/2013-03/18/2013	4	\$69.54	Allstate Ins. Co.
0268725595-06	D.P.	Maria Shiela Masigla PT	97124	03/12/2013-03/18/2013	4	\$60.51	Allstate Ins. Co.
0269624242-03	O.C.	Maria Shiela Masigla PT	97001	12/12/2012	1	\$72.92	Allstate Ins. Co.
0269624242-03	O.C.	Maria Shiela Masigla PT	97010	12/12/2012-12/19/2012	3	\$54.75	Allstate Ins. Co.
0269624242-03	O.C.	Maria Shiela Masigla PT	97110	12/12/2012-12/19/2012	3	\$73.92	Allstate Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0269624242-03	O.C.	Maria Shiela Masigla PT	97124	12/12/2012-12/19/2012	3	\$25.56	Allstate Ins. Co.
0269624242-03	O.C.	Maria Shiela Masigla PT	97010	01/02/2013-01/10/2013	4	\$73.00	Allstate Ins. Co.
0269624242-03	O.C.	Maria Shiela Masigla PT	97110	01/02/2013-01/10/2013	4	\$122.28	Allstate Ins. Co.
0269624242-03	O.C.	Maria Shiela Masigla PT	97124	01/02/2013-01/10/2013	4	\$51.12	Allstate Ins. Co.
0269624242-03	O.C.	Maria Shiela Masigla PT	97010	01/11/2013-01/24/2013	5	\$91.25	Allstate Ins. Co.
0269624242-03	O.C.	Maria Shiela Masigla PT	97110	01/11/2013-01/24/2013	5	\$115.90	Allstate Ins. Co.
0269624242-03	O.C.	Maria Shiela Masigla PT	97124	01/11/2013-01/24/2013	5	\$100.85	Allstate Ins. Co.
0288265572-02	A.F.	Maria Shiela Masigla PT	97001	05/17/2013	1	\$72.92	Allstate Ins. Co.
0288265572-02	A.F.	Maria Shiela Masigla PT	97001	05/17/2013	1	\$72.92	Allstate Ins. Co.
0288265572-02	A.F.	Maria Shiela Masigla PT	97010	05/20/2013-06/03/2013	6	\$109.50	Allstate Ins. Co.
0288265572-02	A.F.	Maria Shiela Masigla PT	97010	05/20/2013-06/03/2013	6	\$109.50	Allstate Ins. Co.
0288265572-02	A.F.	Maria Shiela Masigla PT	97110	05/20/2013-06/03/2013	6	\$139.08	Allstate Ins. Co.
0288265572-02	A.F.	Maria Shiela Masigla PT	97110	05/20/2013-06/03/2013	6	\$139.08	Allstate Ins. Co.
0288265572-02	A.F.	Maria Shiela Masigla PT	97124	05/20/2013-06/03/2013	6	\$121.02	Allstate Ins. Co.
0288265572-02	A.F.	Maria Shiela Masigla PT	97124	05/20/2013-06/03/2013	6	\$121.02	Allstate Ins. Co.
0476244595-03	J.M.	Maria Shiela Masigla PT	97001	10/20/2017	1	\$72.92	Allstate Ins. Co.
0476244595-03	J.M.	Maria Shiela Masigla PT	97010	10/23/2017-11/08/2017	8	\$146.00	Allstate Ins. Co.
0476244595-03	J.M.	Maria Shiela Masigla PT	97110	10/23/2017-11/08/2017	8	\$185.44	Allstate Ins. Co.
0476244595-03	J.M.	Maria Shiela Masigla PT	97124	10/23/2017-11/08/2017	8	\$161.36	Allstate Ins. Co.
0476244595-03	J.M.	Maria Shiela Masigla PT	97010	11/13/2017-11/30/2017	8	\$146.00	Allstate Ins. Co.
0476244595-03	J.M.	Maria Shiela Masigla PT	97110	11/13/2017-11/30/2017	8	\$185.44	Allstate Ins. Co.
0476244595-03	J.M.	Maria Shiela Masigla PT	97124	11/13/2017-11/30/2017	8	\$161.36	Allstate Ins. Co.
0476244595-03	J.M.	Maria Shiela Masigla PT	97010	12/04/2017-12/27/2017	11	\$200.75	Allstate Ins. Co.
0476244595-03	J.M.	Maria Shiela Masigla PT	97110	12/04/2017-12/27/2017	11	\$254.98	Allstate Ins. Co.
0476244595-03	J.M.	Maria Shiela Masigla PT	97124	12/04/2017-12/27/2017	11	\$221.87	Allstate Ins. Co.
0476244595-03	J.M.	Maria Shiela Masigla PT	95831	12/11/2017	1	\$392.40	Allstate Ins. Co.
0476244595-03	J.M.	Maria Shiela Masigla PT	95833	12/11/2017	1	\$114.32	Allstate Ins. Co.
0476244595-03	J.M.	Maria Shiela Masigla PT	95851	12/11/2017	1	\$228.55	Allstate Ins. Co.
0476244595-03	J.M.	Maria Shiela Masigla PT	64550	12/28/2017-01/16/2018	3	\$219.87	Allstate Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0476244595-03	J.M.	Maria Shiela Masigla PT	97010	12/28/2017-01/16/2018	3	\$54.75	Allstate Ins. Co.
0476244595-03	J.M.	Maria Shiela Masigla PT	97110	12/28/2017-01/16/2018	3	\$69.54	Allstate Ins. Co.
0476244595-03	J.M.	Maria Shiela Masigla PT	97124	12/28/2017-01/16/2018	3	\$60.51	Allstate Ins. Co.
0476244595-03	J.M.	Maria Shiela Masigla PT	97010	01/22/2018-02/06/2018	3	\$36.50	Allstate Ins. Co.
0476244595-03	J.M.	Maria Shiela Masigla PT	97110	01/22/2018-02/06/2018	3	\$46.36	Allstate Ins. Co.
0476244595-03	J.M.	Maria Shiela Masigla PT	97124	01/22/2018-02/06/2018	3	\$40.34	Allstate Ins. Co.
0478186786-02	M.L.	Maria Shiela Masigla PT	97010	01/22/2018	1	\$18.25	Allstate Fire and Cas. Ins. Co.
0478186786-02	M.L.	Maria Shiela Masigla PT	97110	01/22/2018	1	\$23.18	Allstate Fire and Cas. Ins. Co.
0478186786-02	M.L.	Maria Shiela Masigla PT	97124	01/22/2018	1	\$20.17	Allstate Fire and Cas. Ins. Co.
0478186786-08	S.P.	Maria Shiela Masigla PT	97002	01/22/2018	1	\$30.80	Allstate Fire and Cas. Ins. Co.
0478186786-08	S.P.	Maria Shiela Masigla PT	97010	01/22/2018-01/25/2018	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0478186786-08	S.P.	Maria Shiela Masigla PT	97110	01/22/2018-01/25/2018	2	\$46.36	Allstate Fire and Cas. Ins. Co.
0478186786-08	S.P.	Maria Shiela Masigla PT	97124	01/22/2018-01/25/2018	2	\$16.98	Allstate Fire and Cas. Ins. Co.
0478186786-08	S.P.	Maria Shiela Masigla PT	97012	01/25/2018	1	\$15.66	Allstate Fire and Cas. Ins. Co.
0482079902-02	S.B.	Maria Shiela Masigla PT	97001	11/14/2017	1	\$72.92	Allstate Fire and Cas. Ins. Co.
0482079902-02	S.B.	Maria Shiela Masigla PT	97010	11/17/2017	1	\$18.25	Allstate Fire and Cas. Ins. Co.
0482079902-02	S.B.	Maria Shiela Masigla PT	97110	11/17/2017	1	\$23.18	Allstate Fire and Cas. Ins. Co.
0482079902-02	S.B.	Maria Shiela Masigla PT	97124	11/17/2017	1	\$20.17	Allstate Fire and Cas. Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97001	02/23/2018	1	\$72.92	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	64550	02/26/2018-03/05/2018	4	\$293.16	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	95831	02/26/2018	1	\$114.58	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	95833	02/26/2018	1	\$104.18	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	95851	02/26/2018	1	\$137.13	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97010	02/26/2018-03/05/2018	4	\$36.50	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97110	02/26/2018-03/05/2018	4	\$46.36	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97124	02/26/2018-03/05/2018	4	\$40.34	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97799	02/26/2018-03/05/2018	4	\$99.00	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97010	03/07/2018-04/04/2018	13	\$237.25	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97110	03/07/2018-04/04/2018	13	\$301.34	Allstate Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0492252812-02	S.B.	Maria Shiela Masigla PT	97124	03/07/2018-04/04/2018	13	\$262.21	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97164	03/23/2018	1	\$40.17	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	95831	03/26/2018	1	\$114.58	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	95833	03/26/2018	1	\$114.32	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	95851	03/26/2018	1	\$137.13	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97010	04/06/2018-04/25/2018	8	\$146.00	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97110	04/06/2018-04/25/2018	8	\$185.44	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97124	04/06/2018-04/25/2018	8	\$161.68	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97010	04/27/2018-05/16/2018	8	\$146.00	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97110	04/27/2018-05/16/2018	8	\$185.44	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97124	04/27/2018-05/16/2018	8	\$161.36	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97799	04/27/2018-05/16/2018	8	\$396.00	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	95831	04/30/2018	1	\$114.58	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	95833	04/30/2018	1	\$114.32	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	95851	04/30/2018	1	\$137.13	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97012	04/30/2018	1	\$15.66	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97002	05/07/2018	1	\$30.80	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97010	05/21/2018-06/13/2018	8	\$146.00	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97110	05/21/2018-06/13/2018	8	\$185.44	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97124	05/21/2018-06/13/2018	8	\$161.36	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97799	05/21/2018-06/13/2018	8	\$396.00	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97010	06/18/2018-07/11/2018	7	\$91.25	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97110	06/18/2018-07/11/2018	7	\$115.90	Allstate Ins. Co.
0492252812-02	S.B.	Maria Shiela Masigla PT	97124	06/18/2018-07/11/2018	7	\$100.85	Allstate Ins. Co.
0496020934-01	E.D.	Maria Shiela Masigla PT	97001	03/26/2018	1	\$72.92	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Maria Shiela Masigla PT	97010	03/27/2018-03/28/2018	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Maria Shiela Masigla PT	97110	03/27/2018-03/28/2018	2	\$46.36	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Maria Shiela Masigla PT	97124	03/27/2018-03/28/2018	2	\$40.34	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Maria Shiela Masigla PT	97010	04/06/2018-04/25/2018	9	\$164.25	Allstate Fire and Cas. Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0496020934-01	E.D.	Maria Shiela Masigla PT	97110	04/06/2018-04/25/2018	9	\$112.95	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Maria Shiela Masigla PT	95831	04/24/2018	1	\$114.58	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Maria Shiela Masigla PT	95851	04/24/2018	1	\$124.98	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Maria Shiela Masigla PT	97010	04/26/2018-05/16/2018	10	\$164.25	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Maria Shiela Masigla PT	97110	04/26/2018-05/16/2018	10	\$134.21	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Maria Shiela Masigla PT	97124	04/26/2018-05/16/2018	10	\$40.34	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Maria Shiela Masigla PT	97010	05/22/2018-06/11/2018	7	\$109.50	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Maria Shiela Masigla PT	97110	05/22/2018-06/11/2018	7	\$139.08	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Maria Shiela Masigla PT	97124	05/22/2018-06/11/2018	7	\$121.02	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Maria Shiela Masigla PT	64550	06/18/2018	1	\$73.29	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Maria Shiela Masigla PT	97010	06/18/2018	1	\$18.25	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Maria Shiela Masigla PT	97110	06/18/2018	1	\$23.18	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Maria Shiela Masigla PT	97124	06/18/2018	1	\$20.17	Allstate Fire and Cas. Ins. Co.
0496020934-01	E.D.	Maria Shiela Masigla PT	97799	06/18/2018	1	\$49.50	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	Maria Shiela Masigla PT	97001	03/26/2018	1	\$72.92	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	Maria Shiela Masigla PT	97010	03/27/2018-03/28/2018	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	Maria Shiela Masigla PT	97110	03/27/2018-03/28/2018	2	\$25.33	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	Maria Shiela Masigla PT	97010	04/09/2018-04/26/2018	9	\$164.25	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	Maria Shiela Masigla PT	97110	04/09/2018-04/26/2018	9	\$123.58	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	Maria Shiela Masigla PT	97124	04/09/2018-04/26/2018	9	\$20.17	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	Maria Shiela Masigla PT	95831	04/30/2018	1	\$114.58	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	Maria Shiela Masigla PT	95851	04/30/2018	1	\$166.64	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	Maria Shiela Masigla PT	97010	04/30/2018-05/16/2018	9	\$164.25	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	Maria Shiela Masigla PT	97110	04/30/2018-05/16/2018	9	\$208.62	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	Maria Shiela Masigla PT	97124	04/30/2018-05/16/2018	9	\$181.53	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	Maria Shiela Masigla PT	97010	05/22/2018-06/12/2018	9	\$127.75	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	Maria Shiela Masigla PT	97110	05/22/2018-06/12/2018	9	\$162.26	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	Maria Shiela Masigla PT	97124	05/22/2018-06/12/2018	9	\$141.19	Allstate Fire and Cas. Ins. Co.
0496020934-04	J.N.	Maria Shiela Masigla PT	95831	06/25/2018	1	\$114.58	Allstate Fire and Cas. Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0496020934-04	J.N.	Maria Shiela Masigla PT	95851	06/25/2018	1	\$121.23	Allstate Fire and Cas. Ins. Co.
0505336941-02	P.G.	Maria Shiela Masigla PT	97001	06/08/2018	1	\$72.92	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Maria Shiela Masigla PT	64550	06/11/2018-07/10/2018	14	\$1,026.06	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Maria Shiela Masigla PT	95831	06/11/2018	1	\$125.74	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Maria Shiela Masigla PT	95851	06/11/2018	1	\$182.84	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Maria Shiela Masigla PT	97010	06/11/2018-07/10/2018	14	\$255.50	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Maria Shiela Masigla PT	97110	06/11/2018-07/10/2018	14	\$324.52	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Maria Shiela Masigla PT	97124	06/11/2018-07/10/2018	14	\$282.38	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Maria Shiela Masigla PT	64550	07/12/2018-08/01/2018	9	\$659.61	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Maria Shiela Masigla PT	97010	07/12/2018-08/01/2018	9	\$164.25	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Maria Shiela Masigla PT	97110	07/12/2018-08/01/2018	9	\$208.62	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Maria Shiela Masigla PT	97124	07/12/2018-08/01/2018	9	\$181.53	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Maria Shiela Masigla PT	97001	06/08/2018	1	\$72.92	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Maria Shiela Masigla PT	64550	06/11/2018-07/11/2018	8	\$586.32	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Maria Shiela Masigla PT	95831	06/11/2018	1	\$125.74	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Maria Shiela Masigla PT	95851	06/11/2018	1	\$182.84	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Maria Shiela Masigla PT	97010	06/11/2018-07/11/2018	8	\$146.00	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Maria Shiela Masigla PT	97110	06/11/2018-07/11/2018	8	\$185.44	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Maria Shiela Masigla PT	97124	06/11/2018-07/11/2018	8	\$161.36	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Maria Shiela Masigla PT	64550	07/12/2018-07/18/2018	4	\$293.16	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Maria Shiela Masigla PT	97010	07/12/2018-07/18/2018	4	\$73.00	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Maria Shiela Masigla PT	97110	07/12/2018-07/18/2018	4	\$92.72	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Maria Shiela Masigla PT	97124	07/12/2018-07/18/2018	4	\$80.68	Allstate Prop. and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	64550	09/16/2016	1	\$73.29	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	97010	09/16/2016	1	\$18.25	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	97110	09/16/2016	1	\$23.18	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	97124	09/16/2016	1	\$20.17	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	64550	10/19/2016-11/02/2016	6	\$439.74	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	97002	10/19/2016	1	\$30.80	Allstate Fire and Cas. Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0411304496-01	I.L.	MSB Physical Therapy PC	97010	10/19/2016-11/02/2016	6	\$109.50	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	97110	10/19/2016-11/02/2016	6	\$139.08	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	97124	10/19/2016-11/02/2016	6	\$113.32	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	64550	12/01/2016-12/02/2016	2	\$146.58	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	97010	12/01/2016-12/02/2016	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	97110	12/01/2016-12/02/2016	2	\$46.36	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	97124	12/01/2016-12/02/2016	2	\$40.34	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	64550	01/11/2017-01/13/2017	2	\$146.58	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	97010	01/11/2017-01/13/2017	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	97110	01/11/2017-01/13/2017	2	\$46.36	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	97124	01/11/2017-01/13/2017	2	\$40.42	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	64550	01/12/2017	1	\$73.29	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	97010	01/12/2017	1	\$18.25	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	97110	01/12/2017	1	\$23.18	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	97124	01/12/2017	1	\$20.17	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	64550	01/26/2017-01/27/2017	2	\$146.58	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	97010	01/26/2017-01/27/2017	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	97110	01/26/2017-01/27/2017	2	\$46.36	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	MSB Physical Therapy PC	97124	01/26/2017-01/27/2017	2	\$40.42	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	MSB Physical Therapy PC	64550	09/16/2016	1	\$73.29	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	MSB Physical Therapy PC	97010	09/16/2016	1	\$18.25	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	MSB Physical Therapy PC	97110	09/16/2016	1	\$23.18	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	MSB Physical Therapy PC	97124	09/16/2016	1	\$20.17	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	97001	10/07/2016	1	\$72.92	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	97010	10/10/2016-11/07/2016	10	\$182.50	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	97110	10/10/2016-11/07/2016	10	\$231.80	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	97124	10/10/2016-11/07/2016	10	\$201.70	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	64550	11/09/2016-12/05/2016	4	\$293.16	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	97010	11/09/2016-12/05/2016	4	\$73.00	Allstate Fire and Cas. Ins. Co.

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Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0431774421-01	J.C.	MSB Physical Therapy PC	97110	11/09/2016-12/05/2016	4	\$92.72	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	97124	11/09/2016-12/05/2016	4	\$80.68	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	64550	12/06/2016-12/29/2016	10	\$732.90	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	97010	12/06/2016-12/29/2016	10	\$182.50	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	97110	12/06/2016-12/29/2016	10	\$231.80	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	97124	12/06/2016-12/29/2016	10	\$201.70	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	64550	01/03/2017-01/04/2017	2	\$146.58	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	97010	01/03/2017-01/04/2017	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	97110	01/03/2017-01/04/2017	2	\$46.36	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	97124	01/03/2017-01/04/2017	2	\$40.42	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	97010	02/15/2017-02/16/2017	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	97110	02/15/2017-02/16/2017	2	\$46.36	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	97124	02/15/2017-02/16/2017	2	\$40.34	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	97010	02/21/2017-03/09/2017	7	\$127.75	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	97110	02/21/2017-03/09/2017	7	\$162.26	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	97124	02/21/2017-03/09/2017	7	\$125.53	Allstate Fire and Cas. Ins. Co.
0431774421-01	J.C.	MSB Physical Therapy PC	97012	02/23/2017	1	\$15.66	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97001	10/07/2016	1	\$72.92	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	64550	10/10/2016-11/18/2016	12	\$879.48	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97010	10/10/2016-11/02/2016	12	\$219.00	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97110	10/10/2016-11/02/2016	12	\$278.16	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97124	10/10/2016-11/02/2016	12	\$234.34	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97002	11/01/2016	1	\$30.80	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97010	11/08/2016-12/06/2016	14	\$255.50	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97110	11/08/2016-12/06/2016	14	\$324.52	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97124	11/08/2016-12/06/2016	14	\$282.38	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	64550	12/07/2016-12/28/2016	9	\$659.61	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97010	12/07/2016-12/28/2016	9	\$164.25	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97110	12/07/2016-12/28/2016	9	\$208.62	Allstate Fire and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0431774421-02	P.C.	MSB Physical Therapy PC	97124	12/07/2016-12/28/2016	9	\$181.53	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97002	12/14/2016	1	\$23.10	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	64550	01/03/2017-01/04/2017	2	\$146.58	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97010	01/03/2017-01/04/2017	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97110	01/03/2017-01/04/2017	2	\$46.36	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97124	01/03/2017-01/04/2017	2	\$40.42	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	64550	01/09/2017-01/11/2017	2	\$146.58	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97010	01/09/2017-01/11/2017	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97110	01/09/2017-01/11/2017	2	\$46.36	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97124	01/09/2017-01/11/2017	2	\$40.42	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	64550	01/10/2017	1	\$73.29	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97010	01/10/2017	1	\$18.25	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97110	01/10/2017	1	\$23.18	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97124	01/10/2017	1	\$20.21	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97010	01/17/2017	1	\$18.25	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97110	01/17/2017	1	\$23.18	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97124	01/17/2017	1	\$20.17	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97010	01/19/2017-01/25/2017	4	\$18.25	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97110	01/19/2017-01/25/2017	4	\$23.18	Allstate Fire and Cas. Ins. Co.
0431774421-02	P.C.	MSB Physical Therapy PC	97124	01/19/2017-01/25/2017	4	\$20.17	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	97010	11/10/2016-12/06/2016	12	\$219.00	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	97110	11/10/2016-12/06/2016	12	\$278.16	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	97124	11/10/2016-12/06/2016	12	\$242.04	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	97002	11/18/2016	1	\$25.35	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	64550	12/07/2016-12/30/2016	10	\$732.90	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	97010	12/07/2016-12/30/2016	10	\$182.50	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	97110	12/07/2016-12/30/2016	10	\$231.80	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	97124	12/07/2016-12/30/2016	10	\$201.70	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	64550	01/04/2017-01/05/2017	2	\$73.29	Allstate Fire and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0431774421-03	D.S.	MSB Physical Therapy PC	97010	01/04/2017-01/05/2017	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	97110	01/04/2017-01/05/2017	2	\$46.36	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	97124	01/04/2017-01/05/2017	2	\$40.42	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	97010	01/10/2017-01/12/2017	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	97110	01/10/2017-01/12/2017	2	\$46.36	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	97124	01/10/2017-01/12/2017	2	\$40.42	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	64550	01/16/2017	1	\$73.29	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	97010	01/16/2017	1	\$18.25	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	97110	01/16/2017	1	\$23.18	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	97124	01/16/2017	1	\$20.21	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	64550	01/17/2017	1	\$73.29	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	97010	01/17/2017	1	\$18.25	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	97110	01/17/2017	1	\$23.18	Allstate Fire and Cas. Ins. Co.
0431774421-03	D.S.	MSB Physical Therapy PC	97124	01/17/2017	1	\$20.21	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	97001	10/07/2016	1	\$72.92	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	64550	10/10/2016-11/08/2016	14	\$1,026.06	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	97010	10/10/2016-11/08/2016	14	\$255.50	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	97110	10/10/2016-11/08/2016	14	\$324.52	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	97124	10/10/2016-11/08/2016	14	\$274.68	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	97002	11/01/2016	1	\$30.80	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	97010	11/09/2016-12/06/2016	12	\$219.00	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	97110	11/09/2016-12/06/2016	12	\$278.16	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	97124	11/09/2016-12/06/2016	12	\$242.04	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	97010	12/07/2016-12/29/2016	10	\$182.50	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	97110	12/07/2016-12/29/2016	10	\$231.80	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	97124	12/07/2016-12/29/2016	10	\$194.00	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	97002	12/14/2016	1	\$30.80	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	64550	01/03/2017-01/04/2017	2	\$146.58	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	97010	01/03/2017-01/04/2017	2	\$36.50	Allstate Fire and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0431774421-04	M.J.	MSB Physical Therapy PC	97110	01/03/2017-01/04/2017	2	\$46.36	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	97124	01/03/2017-01/04/2017	2	\$40.42	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	64550	01/09/2017-01/11/2017	2	\$146.58	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	97010	01/09/2017-01/11/2017	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	97110	01/09/2017-01/11/2017	2	\$46.36	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	97124	01/09/2017-01/11/2017	2	\$40.42	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	64550	01/10/2017	1	\$73.29	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	97010	01/10/2017	1	\$18.25	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	97110	01/10/2017	1	\$23.18	Allstate Fire and Cas. Ins. Co.
0431774421-04	M.J.	MSB Physical Therapy PC	97124	01/10/2017	1	\$20.21	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97001	10/07/2016	1	\$72.92	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	64550	10/10/2016-11/08/2016	14	\$1,026.06	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97010	10/10/2016-11/08/2016	14	\$255.50	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97110	10/10/2016-11/08/2016	14	\$324.52	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97124	10/10/2016-11/08/2016	14	\$274.68	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97002	11/01/2016	1	\$30.80	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	64550	11/09/2016-12/07/2016	13	\$952.77	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97010	11/09/2016-12/07/2016	13	\$237.25	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97110	11/09/2016-12/07/2016	13	\$301.34	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97124	11/09/2016-12/07/2016	13	\$262.21	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	64550	12/12/2016-12/28/2016	8	\$586.32	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97010	12/12/2016-12/28/2016	8	\$146.00	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97110	12/12/2016-12/28/2016	8	\$185.44	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97124	12/12/2016-12/28/2016	8	\$161.36	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	64550	01/03/2017-01/04/2017	2	\$146.58	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97010	01/03/2017-01/04/2017	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97110	01/03/2017-01/04/2017	2	\$46.36	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97124	01/03/2017-01/04/2017	2	\$40.42	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	64550	01/09/2017-01/11/2017	2	\$146.58	Allstate Fire and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0431774421-05	M.T.	MSB Physical Therapy PC	97010	01/09/2017-01/11/2017	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97110	01/09/2017-01/11/2017	2	\$46.36	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97124	01/09/2017-01/11/2017	2	\$40.42	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	64550	01/10/2017	1	\$73.29	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97010	01/10/2017	1	\$18.25	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97110	01/10/2017	1	\$23.18	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97124	01/10/2017	1	\$20.21	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97010	01/23/2017-01/25/2017	3	\$54.75	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97110	01/23/2017-01/25/2017	3	\$69.54	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97124	01/23/2017-01/25/2017	3	\$60.51	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97010	01/31/2017-02/21/2017	9	\$164.25	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97110	01/31/2017-02/21/2017	9	\$208.62	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97124	01/31/2017-02/21/2017	9	\$181.53	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97010	02/27/2017-03/27/2017	7	\$127.75	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97110	02/27/2017-03/27/2017	7	\$162.26	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97124	02/27/2017-03/27/2017	7	\$141.19	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97010	04/03/2017	1	\$18.25	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97110	04/03/2017	1	\$23.18	Allstate Fire and Cas. Ins. Co.
0431774421-05	M.T.	MSB Physical Therapy PC	97124	04/03/2017	1	\$20.17	Allstate Fire and Cas. Ins. Co.
0434546750-02	S.B.	MSB Physical Therapy PC	97001	10/24/2016	1	\$72.92	Allstate Ins. Co.
0434546750-02	S.B.	MSB Physical Therapy PC	97010	10/27/2016-11/07/2016	6	\$109.50	Allstate Ins. Co.
0434546750-02	S.B.	MSB Physical Therapy PC	97110	10/27/2016-11/07/2016	6	\$139.08	Allstate Ins. Co.
0434546750-02	S.B.	MSB Physical Therapy PC	97124	10/27/2016-11/07/2016	6	\$121.02	Allstate Ins. Co.
0434546750-02	S.B.	MSB Physical Therapy PC	97799	10/27/2016-11/07/2016	6	\$297.00	Allstate Ins. Co.
0434546750-02	S.B.	MSB Physical Therapy PC	97010	11/09/2016-11/10/2016	2	\$36.50	Allstate Ins. Co.
0434546750-02	S.B.	MSB Physical Therapy PC	97110	11/09/2016-11/10/2016	2	\$46.36	Allstate Ins. Co.
0434546750-02	S.B.	MSB Physical Therapy PC	97124	11/09/2016-11/10/2016	2	\$40.34	Allstate Ins. Co.
0434546750-02	S.B.	MSB Physical Therapy PC	97799	11/09/2016-11/10/2016	2	\$99.00	Allstate Ins. Co.
0434546750-02	S.B.	MSB Physical Therapy PC	97010	12/06/2016-12/08/2016	3	\$54.75	Allstate Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0434546750-02	S.B.	MSB Physical Therapy PC	97110	12/06/2016-12/08/2016	3	\$69.54	Allstate Ins. Co.
0434546750-02	S.B.	MSB Physical Therapy PC	97124	12/06/2016-12/08/2016	3	\$52.81	Allstate Ins. Co.
0434546750-02	S.B.	MSB Physical Therapy PC	97799	12/06/2016-12/08/2016	3	\$148.50	Allstate Ins. Co.
0434546750-02	S.B.	MSB Physical Therapy PC	97002	12/07/2016	1	\$30.80	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97001	10/24/2016	1	\$72.92	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97010	10/27/2016-11/07/2016	5	\$91.25	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97110	10/27/2016-11/07/2016	5	\$115.90	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97124	10/27/2016-11/07/2016	5	\$100.85	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97799	10/27/2016-11/07/2016	5	\$247.50	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	64550	11/09/2016-12/06/2016	11	\$806.19	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97010	11/09/2016-12/06/2016	11	\$200.75	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97110	11/09/2016-12/06/2016	11	\$254.98	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97124	11/09/2016-12/06/2016	11	\$214.17	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97002	11/17/2016	1	\$30.80	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97010	12/08/2016-12/29/2016	6	\$109.50	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97110	12/08/2016-12/29/2016	6	\$139.08	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97124	12/08/2016-12/29/2016	6	\$105.62	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97799	12/08/2016-12/29/2016	6	\$297.00	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97010	01/05/2017-01/06/2017	2	\$36.50	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97110	01/05/2017-01/06/2017	2	\$46.36	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97124	01/05/2017-01/06/2017	2	\$40.34	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97799	01/05/2017-01/06/2017	2	\$99.00	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97010	01/13/2017	1	\$18.25	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97110	01/13/2017	1	\$23.18	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97124	01/13/2017	1	\$20.21	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97799	01/13/2017	1	\$49.50	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97010	01/19/2017-01/27/2017	3	\$54.75	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97110	01/19/2017-01/27/2017	3	\$69.54	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97124	01/19/2017-01/27/2017	3	\$60.63	Allstate Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0434546750-11	E.I.	MSB Physical Therapy PC	97799	01/19/2017-01/27/2017	3	\$148.50	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97010	02/06/2017	1	\$18.25	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97110	02/06/2017	1	\$23.18	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97124	02/06/2017	1	\$20.17	Allstate Ins. Co.
0434546750-11	E.I.	MSB Physical Therapy PC	97799	02/06/2017	1	\$49.50	Allstate Ins. Co.
0436499486-02	S.M.	MSB Physical Therapy PC	97001	11/18/2016	1	\$72.92	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	MSB Physical Therapy PC	97010	11/23/2016-12/02/2016	5	\$91.25	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	MSB Physical Therapy PC	97110	11/23/2016-12/02/2016	5	\$115.90	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	MSB Physical Therapy PC	97124	11/23/2016-12/02/2016	5	\$100.85	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	MSB Physical Therapy PC	97010	12/07/2016-12/15/2016	3	\$54.75	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	MSB Physical Therapy PC	97110	12/07/2016-12/15/2016	3	\$69.54	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	MSB Physical Therapy PC	97124	12/07/2016-12/15/2016	3	\$60.51	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	MSB Physical Therapy PC	97010	01/03/2017-01/04/2017	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	MSB Physical Therapy PC	97110	01/03/2017-01/04/2017	2	\$46.36	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	MSB Physical Therapy PC	97124	01/03/2017-01/04/2017	2	\$40.34	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	MSB Physical Therapy PC	97010	01/11/2017	1	\$18.25	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	MSB Physical Therapy PC	97110	01/11/2017	1	\$23.18	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	MSB Physical Therapy PC	97124	01/11/2017	1	\$20.17	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	MSB Physical Therapy PC	97010	01/17/2017-01/20/2017	3	\$54.75	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	MSB Physical Therapy PC	97110	01/17/2017-01/20/2017	3	\$69.54	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	MSB Physical Therapy PC	97124	01/17/2017-01/20/2017	3	\$60.51	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	MSB Physical Therapy PC	97010	01/24/2017-01/27/2017	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	MSB Physical Therapy PC	97110	01/24/2017-01/27/2017	2	\$46.36	Allstate Fire and Cas. Ins. Co.
0436499486-02	S.M.	MSB Physical Therapy PC	97124	01/24/2017-01/27/2017	2	\$40.34	Allstate Fire and Cas. Ins. Co.
0446478414-02	B.M.	MSB Physical Therapy PC	97162	02/15/2017	1	\$72.92	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	MSB Physical Therapy PC	97010	02/16/2017-03/22/2017	8	\$146.00	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	MSB Physical Therapy PC	97110	02/16/2017-03/22/2017	8	\$185.44	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	MSB Physical Therapy PC	97124	02/16/2017-03/22/2017	8	\$161.36	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	MSB Physical Therapy PC	97164	03/15/2017	1	\$30.80	Allstate Prop. and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0446478414-02	B.M.	MSB Physical Therapy PC	97010	03/27/2017	1	\$18.25	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	MSB Physical Therapy PC	97012	03/27/2017	1	\$15.66	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	MSB Physical Therapy PC	97110	03/27/2017	1	\$23.18	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	MSB Physical Therapy PC	97124	03/27/2017	1	\$4.51	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	MSB Physical Therapy PC	97010	03/28/2017-04/17/2017	9	\$164.25	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	MSB Physical Therapy PC	97110	03/28/2017-04/17/2017	9	\$208.62	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	MSB Physical Therapy PC	97124	03/28/2017-04/17/2017	9	\$181.53	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	MSB Physical Therapy PC	97164	04/10/2017	1	\$30.80	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	MSB Physical Therapy PC	97010	04/18/2017-05/08/2017	9	\$164.25	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	MSB Physical Therapy PC	97110	04/18/2017-05/08/2017	9	\$208.62	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	MSB Physical Therapy PC	97124	04/18/2017-05/08/2017	9	\$181.53	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	MSB Physical Therapy PC	97164	05/08/2017	1	\$30.80	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	MSB Physical Therapy PC	97010	05/17/2017	1	\$18.25	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	MSB Physical Therapy PC	97110	05/17/2017	1	\$23.18	Allstate Prop. and Cas. Ins. Co.
0446478414-02	B.M.	MSB Physical Therapy PC	97124	05/17/2017	1	\$20.17	Allstate Prop. and Cas. Ins. Co.
0595435132-01	K.F.	MSB Physical Therapy PC	97001	08/17/2020	1	\$42.66	Allstate Fire and Cas. Ins. Co.
0595435132-01	K.F.	MSB Physical Therapy PC	64550	08/19/2020-09/17/2020	5	\$366.45	Allstate Fire and Cas. Ins. Co.
0595435132-01	K.F.	MSB Physical Therapy PC	97010	08/19/2020-09/17/2020	5	\$23.04	Allstate Fire and Cas. Ins. Co.
0595435132-01	K.F.	MSB Physical Therapy PC	97110	08/19/2020-09/17/2020	5	\$122.28	Allstate Fire and Cas. Ins. Co.
0595435132-01	K.F.	MSB Physical Therapy PC	97124	08/19/2020-09/17/2020	5	\$101.08	Allstate Fire and Cas. Ins. Co.
0595435132-01	K.F.	MSB Physical Therapy PC	97799	08/19/2020-09/17/2020	5	\$247.50	Allstate Fire and Cas. Ins. Co.
0597828532-02	A.P.	MSB Physical Therapy PC	97001	08/18/2020	1	\$72.92	Allstate Indemnity Co.
0597828532-02	A.P.	MSB Physical Therapy PC	97110	08/20/2020-09/17/2020	14	\$84.63	Allstate Indemnity Co.
0597828532-02	A.P.	MSB Physical Therapy PC	97124	08/20/2020-09/17/2020	13	\$25.27	Allstate Indemnity Co.
0597828532-02	A.P.	MSB Physical Therapy PC	97799	08/20/2020-09/17/2020	14	\$349.16	Allstate Indemnity Co.
0597828532-02	A.P.	MSB Physical Therapy PC	97010	09/23/2020-10/09/2020	6	\$33.54	Allstate Indemnity Co.
0597828532-02	A.P.	MSB Physical Therapy PC	97110	09/23/2020-10/09/2020	6	\$198.10	Allstate Indemnity Co.
0597828532-02	A.P.	MSB Physical Therapy PC	97124	09/23/2020-10/09/2020	6	\$151.12	Allstate Indemnity Co.
0597828532-02	A.P.	MSB Physical Therapy PC	97010	10/13/2020-10/16/2020	3	\$15.75	Allstate Indemnity Co.

<p><i>Allstate Ins. Co., et al. v. Rybak, et al.</i> Representative Sample of Fraudulent Claims Paid to Defendants</p>							
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0597828532-02	A.P.	MSB Physical Therapy PC	97110	10/13/2020-10/16/2020	3	\$113.73	Allstate Indemnity Co.
0597828532-02	A.P.	MSB Physical Therapy PC	97124	10/13/2020-10/16/2020	3	\$75.06	Allstate Indemnity Co.
0597828532-02	A.P.	MSB Physical Therapy PC	97010	10/21/2020	1	\$5.25	Allstate Indemnity Co.
0597828532-02	A.P.	MSB Physical Therapy PC	97110	10/21/2020	1	\$37.91	Allstate Indemnity Co.
0597828532-02	A.P.	MSB Physical Therapy PC	97124	10/21/2020	1	\$25.02	Allstate Indemnity Co.
0344451562-01	M.J.	PFJ Medical Care PC	20553	08/02/2016	1	\$119.10	Allstate Ins. Co.
0344451562-01	M.J.	PFJ Medical Care PC	20553	09/27/2016	1	\$119.10	Allstate Ins. Co.
0405231143-01	C.A.	PFJ Medical Care PC	20553	09/16/2016	1	\$119.10	Allstate Ins. Co.
0405231143-01	C.A.	PFJ Medical Care PC	99244	09/16/2016	1	\$236.94	Allstate Ins. Co.
0405235540-01	K.W.	PFJ Medical Care PC	20610	05/12/2016	1	\$57.26	Allstate Ins. Co.
0406090035-01	W.W.	PFJ Medical Care PC	20553	06/29/2016	1	\$119.10	Allstate Ins. Co.
0406090035-01	W.W.	PFJ Medical Care PC	20999	06/29/2016	2	\$1,400.00	Allstate Ins. Co.
0406090035-01	W.W.	PFJ Medical Care PC	99215	06/29/2016	1	\$148.69	Allstate Ins. Co.
0409288560-01	K.G.	PFJ Medical Care PC	99244	05/19/2016	1	\$236.94	Allstate Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	95831	05/05/2016	1	\$43.60	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	95833	05/05/2016	1	\$114.32	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	95851	05/05/2016	1	\$45.71	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97750	05/12/2016	1	\$249.96	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	64550	05/16/2016-06/02/2016	5	\$366.45	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	95903	05/16/2016	1	\$665.88	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	95904	05/16/2016	1	\$638.82	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	95926	05/16/2016	1	\$302.12	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97010	05/16/2016-06/02/2016	5	\$91.25	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97110	05/16/2016-06/02/2016	5	\$115.90	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97124	05/16/2016-06/02/2016	4	\$80.84	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97799	05/16/2016-06/02/2016	5	\$247.50	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	99215	05/24/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	95903	06/01/2016	1	\$665.88	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	95904	06/01/2016	1	\$425.88	Allstate Fire and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0411304496-01	I.L.	PFJ Medical Care PC	95926	06/01/2016	1	\$302.12	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	95934	06/01/2016	1	\$119.99	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	64550	06/03/2016-06/09/2016	3	\$219.87	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97010	06/03/2016-06/09/2016	3	\$54.75	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97110	06/03/2016-06/09/2016	3	\$69.54	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97124	06/03/2016-06/09/2016	3	\$60.63	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	95861	06/08/2016	1	\$241.50	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	95927	06/08/2016	1	\$302.12	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	64550	06/10/2016-06/22/2016	5	\$366.50	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	95831	06/10/2016	1	\$86.01	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	95833	06/10/2016	1	\$114.32	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	95851	06/10/2016	1	\$137.13	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97010	06/10/2016-06/22/2016	5	\$91.25	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97110	06/10/2016-06/22/2016	5	\$115.90	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97124	06/10/2016-06/22/2016	5	\$101.05	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97799	06/10/2016-06/22/2016	5	\$247.50	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97750	06/15/2016	1	\$249.96	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	64550	07/01/2016-07/14/2016	5	\$73.29	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97010	07/01/2016-07/14/2016	5	\$91.25	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97110	07/01/2016-07/14/2016	5	\$115.90	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97124	07/01/2016-07/14/2016	5	\$101.05	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97010	07/21/2016-08/05/2016	6	\$109.50	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97110	07/21/2016-08/05/2016	6	\$139.08	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97124	07/21/2016-08/05/2016	6	\$121.26	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	99215	08/05/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97010	09/07/2016-09/08/2016	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97110	09/07/2016-09/08/2016	2	\$46.36	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97124	09/07/2016-09/08/2016	2	\$37.93	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	PFJ Medical Care PC	97002	09/08/2016	1	\$33.80	Allstate Fire and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0411304496-02	J.L.	PFJ Medical Care PC	64550	05/24/2016-06/02/2016	4	\$293.16	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97010	05/24/2016-06/02/2016	4	\$73.00	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97110	05/24/2016-06/02/2016	4	\$92.72	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97124	05/24/2016-06/02/2016	4	\$80.84	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97799	05/24/2016-06/02/2016	4	\$198.00	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	64550	06/03/2016-06/09/2016	3	\$219.90	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97010	06/03/2016-06/09/2016	3	\$54.75	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97110	06/03/2016-06/09/2016	3	\$69.54	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97124	06/03/2016-06/09/2016	3	\$60.63	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97799	06/03/2016-06/09/2016	3	\$148.50	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	95861	06/08/2016	1	\$241.50	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	95927	06/08/2016	1	\$302.12	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	64550	06/10/2016-06/22/2016	4	\$293.16	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97010	06/10/2016-06/22/2016	4	\$73.00	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97110	06/10/2016-06/22/2016	4	\$92.72	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97124	06/10/2016-06/22/2016	4	\$80.84	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97010	07/01/2016-07/14/2016	4	\$73.00	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97110	07/01/2016-07/14/2016	4	\$92.72	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97124	07/01/2016-07/14/2016	4	\$80.84	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	99215	07/01/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97010	07/21/2016-08/05/2016	6	\$109.50	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97110	07/21/2016-08/05/2016	6	\$139.08	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97124	07/21/2016-08/05/2016	6	\$121.26	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97010	09/07/2016-09/08/2016	2	\$36.50	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97110	09/07/2016-09/08/2016	2	\$46.36	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97124	09/07/2016-09/08/2016	2	\$37.93	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	PFJ Medical Care PC	97002	09/08/2016	1	\$33.80	Allstate Fire and Cas. Ins. Co.
0418830014-04	S.C.	PFJ Medical Care PC	20553	08/01/2016	1	\$119.10	Allstate Fire and Cas. Ins. Co.
0418830014-04	S.C.	PFJ Medical Care PC	99244	08/01/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0420467748-01	D.E.	PFJ Medical Care PC	20553	09/06/2016	1	\$119.10	Allstate Ins. Co.
0420467748-01	D.E.	PFJ Medical Care PC	20999	09/06/2016	2	\$600.00	Allstate Ins. Co.
0420467748-01	D.E.	PFJ Medical Care PC	99244	09/06/2016	1	\$236.94	Allstate Ins. Co.
0420467748-02	L.H.	PFJ Medical Care PC	20553	08/30/2016	1	\$119.10	Allstate Ins. Co.
0420467748-02	L.H.	PFJ Medical Care PC	99244	08/30/2016	1	\$236.94	Allstate Ins. Co.
0427219795-03	J.B.	PFJ Medical Care PC	99244	09/13/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0427219795-03	J.B.	PFJ Medical Care PC	99215	09/20/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0378261168-01	T.P.	RA Medical Services PC	99244	12/07/2015	1	\$236.94	Allstate Prop. and Cas. Ins. Co.
0384873782-04	N.R.	RA Medical Services PC	99244	12/07/2015	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0387559552-01	D.D.	RA Medical Services PC	99244	12/03/2015	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0388249740-02	M.B.	RA Medical Services PC	99244	11/10/2015	1	\$92.98	Allstate Fire and Cas. Ins. Co.
0389038910-02	K.M.	RA Medical Services PC	99244	12/07/2015	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0390737807-02	S.P.	RA Medical Services PC	99244	01/25/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0390737807-02	S.P.	RA Medical Services PC	99215	02/01/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0391113973-01	A.J.	RA Medical Services PC	99244	01/27/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0391445368-01	B.C.	RA Medical Services PC	99244	12/23/2015	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0391445368-01	B.C.	RA Medical Services PC	99215	01/20/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0391537313-01	J.C.	RA Medical Services PC	99244	12/02/2015	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0391537313-01	J.C.	RA Medical Services PC	99215	12/09/2015	1	\$64.07	Allstate Fire and Cas. Ins. Co.
0391537313-01	J.C.	RA Medical Services PC	99215	12/16/2015	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0391537313-01	J.C.	RA Medical Services PC	99215	01/21/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0391537313-01	J.C.	RA Medical Services PC	20999	05/31/2016	2	\$3,250.00	Allstate Fire and Cas. Ins. Co.
0391537313-01	J.C.	RA Medical Services PC	76942	05/31/2016	1	\$262.91	Allstate Fire and Cas. Ins. Co.
0391537313-01	J.C.	RA Medical Services PC	99215	05/31/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0391594314-02	M.M.	RA Medical Services PC	99244	01/11/2016	1	\$236.94	Allstate Ins. Co.
0391594314-02	M.M.	RA Medical Services PC	99215	02/01/2016	1	\$148.69	Allstate Ins. Co.
0391594314-02	M.M.	RA Medical Services PC	99244	02/08/2016	1	\$236.94	Allstate Ins. Co.
0391674355-01	A.F.	RA Medical Services PC	99244	12/01/2015	1	\$236.94	Allstate Ins. Co.
0391674355-01	A.F.	RA Medical Services PC	99215	12/21/2015	1	\$148.69	Allstate Ins. Co.

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i> Representative Sample of Fraudulent Claims Paid to Defendants</p>							
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0391698619-01	D.L.	RA Medical Services PC	99244	12/15/2015	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0393819305-01	A.C.	RA Medical Services PC	20610	12/23/2015	1	\$57.26	Allstate Fire and Cas. Ins. Co.
0393819305-01	A.C.	RA Medical Services PC	76942	12/23/2015	1	\$262.91	Allstate Fire and Cas. Ins. Co.
0393819305-01	A.C.	RA Medical Services PC	99244	12/23/2015	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0393819305-01	A.C.	RA Medical Services PC	20553	01/13/2016	1	\$119.10	Allstate Fire and Cas. Ins. Co.
0393819305-01	A.C.	RA Medical Services PC	76942	01/13/2016	1	\$262.91	Allstate Fire and Cas. Ins. Co.
0393819305-01	A.C.	RA Medical Services PC	99215	01/13/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0393819305-01	A.C.	RA Medical Services PC	20610	02/25/2016	1	\$57.26	Allstate Fire and Cas. Ins. Co.
0393819305-01	A.C.	RA Medical Services PC	99215	02/25/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0393819305-02	L.C.	RA Medical Services PC	99244	01/13/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0393819305-02	L.C.	RA Medical Services PC	20605	01/20/2016	1	\$57.26	Allstate Fire and Cas. Ins. Co.
0393819305-02	L.C.	RA Medical Services PC	76942	01/20/2016	1	\$262.91	Allstate Fire and Cas. Ins. Co.
0393819305-02	L.C.	RA Medical Services PC	99215	01/20/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0394803431-02	A.D.	RA Medical Services PC	99244	02/02/2016	1	\$236.94	Allstate Ins. Co.
0394803431-02	A.D.	RA Medical Services PC	99215	02/09/2016	1	\$148.69	Allstate Ins. Co.
0397246497-01	S.M.	RA Medical Services PC	99244	12/15/2015	1	\$104.08	Allstate Fire and Cas. Ins. Co.
0397246497-01	S.M.	RA Medical Services PC	99244	01/05/2016	1	\$104.08	Allstate Fire and Cas. Ins. Co.
0397246497-01	S.M.	RA Medical Services PC	99215	01/19/2016	1	\$64.07	Allstate Fire and Cas. Ins. Co.
0404014201-02	E.R.	RA Medical Services PC	99244	03/03/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0404744260-02	C.A.	RA Medical Services PC	99244	03/17/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0405235540-01	K.W.	RA Medical Services PC	99244	03/23/2016	1	\$236.94	Allstate Ins. Co.
0405235540-01	K.W.	RA Medical Services PC	99215	04/06/2016	1	\$148.69	Allstate Ins. Co.
0405235540-01	K.W.	RA Medical Services PC	99215	05/26/2016	1	\$148.69	Allstate Ins. Co.
0405581117-01	C.K.	RA Medical Services PC	20553	03/16/2016	1	\$119.10	Allstate Fire and Cas. Ins. Co.
0405581117-01	C.K.	RA Medical Services PC	20999	03/16/2016	2	\$3,200.00	Allstate Fire and Cas. Ins. Co.
0405581117-01	C.K.	RA Medical Services PC	76942	03/16/2016	1	\$262.91	Allstate Fire and Cas. Ins. Co.
0405581117-01	C.K.	RA Medical Services PC	99244	03/16/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0405581117-01	C.K.	RA Medical Services PC	20553	04/13/2016	1	\$119.10	Allstate Fire and Cas. Ins. Co.
0405581117-01	C.K.	RA Medical Services PC	20999	04/13/2016	2	\$3,200.00	Allstate Fire and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0405581117-01	C.K.	RA Medical Services PC	76942	04/13/2016	1	\$262.91	Allstate Fire and Cas. Ins. Co.
0405581117-01	C.K.	RA Medical Services PC	99215	04/13/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0405581117-01	C.K.	RA Medical Services PC	99215	05/25/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0407146448-02	M.J.	RA Medical Services PC	99244	03/24/2016	1	\$104.08	Allstate Ins. Co.
0407146448-02	M.J.	RA Medical Services PC	99215	04/13/2016	1	\$64.07	Allstate Ins. Co.
0407146448-02	M.J.	RA Medical Services PC	99215	05/10/2016	1	\$92.98	Allstate Ins. Co.
0407266907-02	A.M.	RA Medical Services PC	99244	04/04/2016	1	\$236.94	Allstate Ins. Co.
0409288560-01	K.G.	RA Medical Services PC	99244	06/17/2016	1	\$236.94	Allstate Ins. Co.
0411304496-01	I.L.	RA Medical Services PC	99244	05/12/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0411304496-01	I.L.	RA Medical Services PC	99215	06/09/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	RA Medical Services PC	99244	04/21/2016	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0411304496-02	J.L.	RA Medical Services PC	99215	06/01/2016	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0416039170-02	S.P.	RA Medical Services PC	99244	06/10/2016	1	\$236.94	Allstate Indemnity Co.
0456035401-01	K.M.	Strategic Medical Initiatives PC	20999	06/13/2018	2	\$445.52	Allstate Fire and Cas. Ins. Co.
0456035401-01	K.M.	Strategic Medical Initiatives PC	99215	06/13/2018	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0456035401-01	K.M.	Strategic Medical Initiatives PC	20999	07/25/2018	2	\$1,225.00	Allstate Fire and Cas. Ins. Co.
0456035401-01	K.M.	Strategic Medical Initiatives PC	99215	07/25/2018	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0456035401-01	K.M.	Strategic Medical Initiatives PC	99215	11/28/2018	1	\$64.07	Allstate Fire and Cas. Ins. Co.
0500741186-02	V.G.	Strategic Medical Initiatives PC	20553	07/26/2018	1	\$119.10	Allstate Fire and Cas. Ins. Co.
0500741186-02	V.G.	Strategic Medical Initiatives PC	20999	07/26/2018	2	\$32.87	Allstate Fire and Cas. Ins. Co.
0500741186-02	V.G.	Strategic Medical Initiatives PC	99244	07/26/2018	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0504358952-01	S.S.	Strategic Medical Initiatives PC	99215	07/25/2018	1	\$148.69	Allstate Indemnity Co.
0504358952-01	S.S.	Strategic Medical Initiatives PC	99215	09/19/2018	1	\$148.69	Allstate Indemnity Co.
0504358952-02	C.P.	Strategic Medical Initiatives PC	99215	07/25/2018	1	\$148.69	Allstate Indemnity Co.
0505336941-02	P.G.	Strategic Medical Initiatives PC	99215	07/27/2018	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Strategic Medical Initiatives PC	97750	09/12/2018	1	\$249.96	Allstate Prop. and Cas. Ins. Co.
0505336941-02	P.G.	Strategic Medical Initiatives PC	99215	10/23/2018	1	\$148.69	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Strategic Medical Initiatives PC	97750	09/05/2018	1	\$249.96	Allstate Prop. and Cas. Ins. Co.
0505336941-05	E.K.	Strategic Medical Initiatives PC	99215	10/22/2018	1	\$148.69	Allstate Prop. and Cas. Ins. Co.

Allstate Ins. Co., et al. v. Rybak, et al.
Representative Sample of Fraudulent Claims Paid to Defendants

Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Paid	Payor
0505336941-05	E.K.	Strategic Medical Initiatives PC	97750	10/29/2018	1	\$249.96	Allstate Prop. and Cas. Ins. Co.
0509792304-01	J.F.	Strategic Medical Initiatives PC	99215	11/02/2018	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0509792304-04	F.F.	Strategic Medical Initiatives PC	99215	11/02/2018	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0512214957-01	R.D.	Strategic Medical Initiatives PC	99215	09/25/2018	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0512214957-01	R.D.	Strategic Medical Initiatives PC	97750	10/08/2018	1	\$249.96	Allstate Fire and Cas. Ins. Co.
0512214957-01	R.D.	Strategic Medical Initiatives PC	99215	10/22/2018	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0512214957-01	R.D.	Strategic Medical Initiatives PC	99215	11/14/2018	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0512283086-02	M.M.	Strategic Medical Initiatives PC	99244	09/19/2018	1	\$236.94	Allstate Prop. and Cas. Ins. Co.
0513295435-01	D.B.	Strategic Medical Initiatives PC	99244	09/19/2018	1	\$236.94	Allstate Ins. Co.
0513295435-01	D.B.	Strategic Medical Initiatives PC	99215	09/26/2018	1	\$148.69	Allstate Ins. Co.
0513295435-01	D.B.	Strategic Medical Initiatives PC	99215	11/08/2018	1	\$148.69	Allstate Ins. Co.
0513295435-01	D.B.	Strategic Medical Initiatives PC	99215	11/29/2018	1	\$148.69	Allstate Ins. Co.
0518042239-02	G.R.	Strategic Medical Initiatives PC	99244	10/11/2018	1	\$181.23	Allstate Fire and Cas. Ins. Co.
0518042239-02	G.R.	Strategic Medical Initiatives PC	99215	10/18/2018	1	\$64.07	Allstate Fire and Cas. Ins. Co.
0518042239-02	G.R.	Strategic Medical Initiatives PC	99215	10/25/2018	1	\$64.07	Allstate Fire and Cas. Ins. Co.
0518042239-02	G.R.	Strategic Medical Initiatives PC	99215	11/01/2018	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0518042239-02	G.R.	Strategic Medical Initiatives PC	99215	11/15/2018	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0518042239-04	M.W.	Strategic Medical Initiatives PC	99244	10/11/2018	1	\$236.94	Allstate Fire and Cas. Ins. Co.
0518042239-04	M.W.	Strategic Medical Initiatives PC	99215	10/18/2018	1	\$64.07	Allstate Fire and Cas. Ins. Co.
0518042239-04	M.W.	Strategic Medical Initiatives PC	99215	10/25/2018	1	\$148.69	Allstate Fire and Cas. Ins. Co.
0518042239-04	M.W.	Strategic Medical Initiatives PC	99215	11/01/2018	1	\$64.07	Allstate Fire and Cas. Ins. Co.
0518042239-04	M.W.	Strategic Medical Initiatives PC	20999	11/08/2018	2	\$1,400.00	Allstate Fire and Cas. Ins. Co.
0518042239-04	M.W.	Strategic Medical Initiatives PC	99215	11/08/2018	1	\$148.69	Allstate Fire and Cas. Ins. Co.

EXHIBIT “2”

<p style="text-align: center;"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p style="text-align: center;">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0374512275-02	B.S.	ACH Chiropractic PC	99212	10/16/2015	1	\$26.41
0374512275-02	B.S.	ACH Chiropractic PC	98940	12/15/2015	1	\$26.41
0374512275-03	Z.S.	ACH Chiropractic PC	98940	10/16/2015	1	\$26.41
0374512275-03	Z.S.	ACH Chiropractic PC	99212	10/16/2015	1	\$26.41
0374553048-02	E.F.	ACH Chiropractic PC	99212	10/07/2015	1	\$26.41
0374553048-02	E.F.	ACH Chiropractic PC	98941	10/16/2015-10/26/2015	2	\$69.36
0374553048-02	E.F.	ACH Chiropractic PC	99212	10/07/2015	1	\$26.41
0380809228-02	C.A.	ACH Chiropractic PC	98941	10/28/2015-10/30/2015	2	\$69.36
0380809228-02	C.A.	ACH Chiropractic PC	99212	10/28/2015	1	\$26.41
0380809228-02	C.A.	ACH Chiropractic PC	99212	10/28/2015	1	\$26.41
0380809228-02	C.A.	ACH Chiropractic PC	97012	11/09/2015	1	\$15.66
0380809228-02	C.A.	ACH Chiropractic PC	98941	11/09/2015	1	\$34.68
0380809228-02	C.A.	ACH Chiropractic PC	97012	12/07/2015	1	\$15.66
0380809228-05	T.T.	ACH Chiropractic PC	98941	10/21/2015-11/02/2015	3	\$104.04
0380809228-05	T.T.	ACH Chiropractic PC	99212	10/21/2015	1	\$26.41
0380809228-05	T.T.	ACH Chiropractic PC	97012	11/02/2015	1	\$15.66
0380809228-05	T.T.	ACH Chiropractic PC	98941	11/10/2015-11/16/2015	3	\$104.04
0380809228-05	T.T.	ACH Chiropractic PC	97012	11/10/2015	1	\$15.66
0380809228-07	B.G.	ACH Chiropractic PC	98941	10/07/2015	1	\$34.68
0380809228-07	B.G.	ACH Chiropractic PC	98941	11/02/2015	1	\$34.68
0380809228-07	B.G.	ACH Chiropractic PC	98941	11/23/2015-12/01/2015	2	\$69.36
0380809228-07	B.G.	ACH Chiropractic PC	99212	12/01/2015	1	\$26.41
0380809228-07	B.G.	ACH Chiropractic PC	98941	12/16/2015	1	\$34.68
0380809228-07	B.G.	ACH Chiropractic PC	97012	01/04/2016-02/03/2016	2	\$31.32
0380809228-07	B.G.	ACH Chiropractic PC	98941	01/04/2016-02/03/2016	3	\$104.04
0380809228-07	B.G.	ACH Chiropractic PC	98941	03/28/2016	1	\$34.68
0398385996-02	F.P.	ACH Chiropractic PC	99203	01/11/2016	1	\$54.74
0398385996-02	F.P.	ACH Chiropractic PC	99212	03/16/2016	1	\$26.41
0411304496-01	I.L.	ACH Chiropractic PC	99203	04/27/2016	1	\$54.73
0411304496-01	I.L.	ACH Chiropractic PC	98941	07/21/2016-08/05/2016	6	\$208.08

<p style="text-align: center;"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p style="text-align: center;">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0411304496-01	I.L.	ACH Chiropractic PC	98941	09/07/2016	1	\$34.68
0411304496-01	I.L.	ACH Chiropractic PC	98941	09/16/2016	1	\$34.68
0434546750-02	S.B.	ACH Chiropractic PC	97012	10/27/2016	1	\$15.66
0434546750-02	S.B.	ACH Chiropractic PC	95904	10/27/2016	1	\$2,330.56
0434546750-11	E.I.	ACH Chiropractic PC	95904	11/04/2016	1	\$2,330.56
0446478414-02	B.M.	ACH Chiropractic PC	95904	04/06/2017	1	\$2,330.56
0478186786-02	M.L.	ACH Chiropractic PC	72040	10/18/2017	1	\$65.88
0478186786-02	M.L.	ACH Chiropractic PC	72100	10/18/2017	1	\$60.09
0478186786-02	M.L.	ACH Chiropractic PC	95904	12/06/2017	1	\$1,019.62
0478186786-02	M.L.	ACH Chiropractic PC	95904	12/06/2017	1	\$1,310.94
0478186786-03	P.O.	ACH Chiropractic PC	95904	10/31/2017	1	\$1,310.94
0478186786-03	P.O.	ACH Chiropractic PC	95904	10/31/2017	1	\$1,019.62
0478186786-03	P.O.	ACH Chiropractic PC	72040	10/18/2017	1	\$65.88
0478186786-03	P.O.	ACH Chiropractic PC	72100	10/18/2017	1	\$60.09
0478186786-03	P.O.	ACH Chiropractic PC	72110	12/21/2017	1	\$87.60
0478186786-03	P.O.	ACH Chiropractic PC	76499	12/21/2017	1	\$500.00
0478186786-08	S.P.	ACH Chiropractic PC	93740	10/18/2017	1	\$97.74
0478186786-08	S.P.	ACH Chiropractic PC	72040	10/19/2017	1	\$65.88
0478186786-08	S.P.	ACH Chiropractic PC	95904	11/21/2017	1	\$1,310.94
0478186786-08	S.P.	ACH Chiropractic PC	95904	11/21/2017	1	\$1,019.62
0478186786-08	S.P.	ACH Chiropractic PC	93740	01/22/2018	1	\$97.74
0478186786-12	L.M.	ACH Chiropractic PC	72040	11/09/2017	1	\$65.88
0478186786-12	L.M.	ACH Chiropractic PC	72100	11/09/2017	1	\$60.09
0492252812-02	S.B.	ACH Chiropractic PC	95904	04/09/2018	1	\$1,019.62
0492252812-02	S.B.	ACH Chiropractic PC	95904	04/09/2018	1	\$1,310.94
0496020934-01	E.D.	ACH Chiropractic PC	95904	04/09/2018	1	\$1,310.94
0496020934-01	E.D.	ACH Chiropractic PC	95904	04/09/2018	1	\$1,019.62
0496020934-04	J.N.	ACH Chiropractic PC	95904	04/09/2018	1	\$2,330.56
0509431607-05	D.L.	Alford A Smith MD PC	99214	12/06/2018	1	\$148.69
0509792304-01	J.F.	Alford A Smith MD PC	20999	12/07/2018	2	\$1,400.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0509792304-01	J.F.	Alford A Smith MD PC	99215	12/07/2018	1	\$148.69
0509792304-01	J.F.	Alford A Smith MD PC	99215	12/14/2018	1	\$148.69
0509792304-04	F.F.	Alford A Smith MD PC	20999	12/14/2018	2	\$1,375.00
0509792304-04	F.F.	Alford A Smith MD PC	20999	12/14/2018	2	\$1,375.00
0509792304-04	F.F.	Alford A Smith MD PC	20999	01/18/2019	2	\$1,375.00
0509792304-04	F.F.	Alford A Smith MD PC	99215	01/18/2019	1	\$148.69
0512214957-01	R.D.	Alford A Smith MD PC	99215	03/18/2019	1	\$148.69
0513295435-01	D.B.	Alford A Smith MD PC	20999	12/06/2018	2	\$1,225.00
0513295435-01	D.B.	Alford A Smith MD PC	99215	12/06/2018	1	\$148.69
0514687375-01	A.A.	Alford A Smith MD PC	20999	12/28/2018	2	\$1,400.00
0514795409-04	W.A.	Alford A Smith MD PC	20999	03/05/2019	2	\$875.00
0514795409-04	W.A.	Alford A Smith MD PC	99215	03/05/2019	1	\$148.69
0514795409-04	W.A.	Alford A Smith MD PC	20999	03/19/2019	2	\$1,225.00
0514795409-04	W.A.	Alford A Smith MD PC	99215	03/19/2019	1	\$148.69
0517763009-02	K.M.	Alford A Smith MD PC	20999	12/18/2018	2	\$875.00
0517763009-02	K.M.	Alford A Smith MD PC	20999	01/03/2018-01/03/2019	3	\$1,625.00
0517763009-02	K.M.	Alford A Smith MD PC	20999	01/22/2019	2	\$875.00
0517763009-02	K.M.	Alford A Smith MD PC	99215	05/15/2019	1	\$148.69
0517877940-01	D.G.	Alford A Smith MD PC	20999	12/18/2018	2	\$1,950.00
0517877940-01	D.G.	Alford A Smith MD PC	20999	12/27/2018	3	\$1,950.00
0517877940-01	D.G.	Alford A Smith MD PC	20999	01/08/2019	2	\$1,500.00
0518111661-01	J.A.	Alford A Smith MD PC	20999	12/21/2018	2	\$1,225.00
0518111661-02	D.M.	Alford A Smith MD PC	20999	12/21/2018	2	\$2,200.00
0518111661-02	D.M.	Alford A Smith MD PC	209999	12/21/2018	1	\$75.00
0520100884-01	M.S.	Alford A Smith MD PC	20999	01/18/2019	2	\$1,400.00
0520100884-01	M.S.	Alford A Smith MD PC	99215	01/18/2019	1	\$148.69
0520607029-02	J.H.	Alford A Smith MD PC	20999	01/07/2019	2	\$1,400.00
0522482363-05	J.E.	Alford A Smith MD PC	20999	01/09/2019	2	\$1,400.00
0522482363-05	J.E.	Alford A Smith MD PC	20999	01/23/2019	2	\$1,400.00
0523616068-12	J.F.	Alford A Smith MD PC	20999	12/06/2018	2	\$1,400.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0523616068-12	J.F.	Alford A Smith MD PC	20999	12/13/2018	2	\$1,400.00
0523616068-12	J.F.	Alford A Smith MD PC	20999	12/20/2018	2	\$1,400.00
0523616068-12	J.F.	Alford A Smith MD PC	20999	12/27/2018	2	\$1,400.00
0524615119-02	N.S.	Alford A Smith MD PC	20999	12/26/2018	2	\$1,225.00
0524615119-02	N.S.	Alford A Smith MD PC	99215	12/26/2018	1	\$148.69
0524615119-02	N.S.	Alford A Smith MD PC	20999	01/23/2019	2	\$1,225.00
0524615119-02	N.S.	Alford A Smith MD PC	99215	01/23/2019	1	\$148.69
0556464261-03	P.N.	Alford A Smith MD PC	20999	08/28/2019	2	\$1,400.00
0556464261-03	P.N.	Alford A Smith MD PC	99244	08/28/2019	1	\$236.94
0557707767-01	N.B.	Alford A Smith MD PC	20999	09/26/2019	2	\$1,400.00
0557707767-01	N.B.	Alford A Smith MD PC	99244	09/26/2019	1	\$236.94
0559183124-02	J.R.	Alford A Smith MD PC	20999	09/26/2019	2	\$1,400.00
0559183124-02	J.R.	Alford A Smith MD PC	99244	09/26/2019	1	\$236.94
0514795409-04	W.A.	Alford Smith MD	99205	02/26/2019	1	\$200.68
0514795409-04	W.A.	Alford Smith MD	99215	04/09/2019	1	\$148.69
0518460456-02	P.S.	Alford Smith MD	99205	04/10/2019	1	\$200.68
0342499539-01	J.R.	Allay Medical Services PC	99215	07/20/2015	1	\$148.69
0342499539-01	J.R.	Allay Medical Services PC	99215	09/15/2015	1	\$148.69
0362861601-01	P.A.	Allay Medical Services PC	99215	09/21/2015	1	\$148.69
0362861601-02	Y.A.	Allay Medical Services PC	99215	09/21/2015	1	\$148.69
0368003091-06	E.J.	Allay Medical Services PC	20553	12/09/2015	1	\$119.10
0368003091-06	E.J.	Allay Medical Services PC	20999	12/09/2015	2	\$2,450.00
0368003091-06	E.J.	Allay Medical Services PC	99215	12/09/2015	1	\$148.69
0374124246-03	P.G.	Allay Medical Services PC	64550	09/11/2015-09/21/2015	3	\$219.90
0374512275-02	B.S.	Allay Medical Services PC	95903	07/16/2015	1	\$665.88
0374512275-02	B.S.	Allay Medical Services PC	95904	07/16/2015	1	\$638.82
0374512275-02	B.S.	Allay Medical Services PC	95903	07/17/2015	1	\$665.88
0374512275-02	B.S.	Allay Medical Services PC	95904	07/17/2015	1	\$425.88
0374512275-02	B.S.	Allay Medical Services PC	95934	07/17/2015	1	\$239.98
0374512275-02	B.S.	Allay Medical Services PC	64550	08/05/2015-08/12/2015	3	\$219.90

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0374512275-02	B.S.	Allay Medical Services PC	64550	08/25/2015-08/27/2015	2	\$146.60
0374512275-02	B.S.	Allay Medical Services PC	64550	09/01/2015-09/22/2015	5	\$366.50
0374512275-02	B.S.	Allay Medical Services PC	64550	10/05/2015-10/16/2015	3	\$219.90
0374512275-02	B.S.	Allay Medical Services PC	95831	10/27/2015	1	\$218.00
0374512275-02	B.S.	Allay Medical Services PC	95833	10/27/2015	1	\$114.32
0374512275-02	B.S.	Allay Medical Services PC	95851	10/27/2015	1	\$137.13
0374512275-02	B.S.	Allay Medical Services PC	99215	11/12/2015	1	\$148.69
0374512275-02	B.S.	Allay Medical Services PC	64550	10/27/2015-11/12/2015	2	\$146.60
0374512275-02	B.S.	Allay Medical Services PC	97010	10/27/2015-11/12/2015	2	\$36.50
0374512275-02	B.S.	Allay Medical Services PC	97110	10/27/2015-11/12/2015	2	\$46.36
0374512275-02	B.S.	Allay Medical Services PC	97124	10/27/2015-11/12/2015	2	\$40.42
0374512275-02	B.S.	Allay Medical Services PC	97799	10/27/2015	1	\$99.00
0374512275-02	B.S.	Allay Medical Services PC	64550	12/03/2015	1	\$73.30
0374512275-02	B.S.	Allay Medical Services PC	97010	12/03/2015	1	\$18.25
0374512275-02	B.S.	Allay Medical Services PC	97110	12/03/2015	1	\$23.18
0374512275-02	B.S.	Allay Medical Services PC	97124	12/03/2015	1	\$20.21
0374512275-02	B.S.	Allay Medical Services PC	97799	12/03/2015	1	\$49.50
0374512275-02	B.S.	Allay Medical Services PC	20553	12/03/2015	1	\$119.10
0374512275-02	B.S.	Allay Medical Services PC	20999	12/03/2015	2	\$1,200.00
0374512275-02	B.S.	Allay Medical Services PC	76942	12/03/2015	1	\$262.91
0374512275-02	B.S.	Allay Medical Services PC	99215	12/03/2015	1	\$148.69
0374512275-02	B.S.	Allay Medical Services PC	97750	12/15/2015	1	\$249.96
0374512275-02	B.S.	Allay Medical Services PC	97799	12/15/2015-12/28/2015	2	\$99.00
0374512275-02	B.S.	Allay Medical Services PC	64550	12/15/2015-12/28/2015	2	\$146.60
0374512275-02	B.S.	Allay Medical Services PC	97010	12/15/2015-12/28/2015	2	\$36.50
0374512275-02	B.S.	Allay Medical Services PC	97110	12/15/2015-12/28/2015	2	\$46.36
0374512275-02	B.S.	Allay Medical Services PC	97124	12/15/2015-12/28/2015	2	\$40.42
0374512275-03	Z.S.	Allay Medical Services PC	95903	07/16/2015-07/17/2015	2	\$1,331.76
0374512275-03	Z.S.	Allay Medical Services PC	95904	07/16/2015-07/17/2015	2	\$1,064.70
0374512275-03	Z.S.	Allay Medical Services PC	95926	07/16/2015	1	\$302.12

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0374512275-03	Z.S.	Allay Medical Services PC	95934	07/17/2015	1	\$239.98
0374512275-03	Z.S.	Allay Medical Services PC	95903	07/17/2015	1	\$665.88
0374512275-03	Z.S.	Allay Medical Services PC	95904	07/17/2015	1	\$425.88
0374512275-03	Z.S.	Allay Medical Services PC	95934	07/17/2015	1	\$239.98
0374512275-03	Z.S.	Allay Medical Services PC	95926	07/17/2015	1	\$302.12
0374512275-03	Z.S.	Allay Medical Services PC	64550	07/27/2015-08/12/2015	4	\$293.20
0374512275-03	Z.S.	Allay Medical Services PC	64550	08/25/2015-08/27/2015	2	\$146.60
0374512275-03	Z.S.	Allay Medical Services PC	64550	09/01/2015-09/22/2015	5	\$366.50
0374512275-03	Z.S.	Allay Medical Services PC	64550	10/05/2015-10/16/2015	3	\$219.90
0374512275-03	Z.S.	Allay Medical Services PC	97010	10/05/2015-10/16/2015	3	\$54.75
0374512275-03	Z.S.	Allay Medical Services PC	97110	10/05/2015-10/16/2015	3	\$69.54
0374512275-03	Z.S.	Allay Medical Services PC	97124	10/05/2015-10/16/2015	3	\$60.63
0374512275-03	Z.S.	Allay Medical Services PC	97799	10/05/2015-10/16/2015	3	\$148.50
0374512275-03	Z.S.	Allay Medical Services PC	99215	11/12/2015	1	\$148.69
0374512275-03	Z.S.	Allay Medical Services PC	64550	10/27/2015-11/12/2015	2	\$146.60
0374512275-03	Z.S.	Allay Medical Services PC	97010	10/27/2015-11/12/2015	2	\$36.50
0374512275-03	Z.S.	Allay Medical Services PC	97110	10/27/2015-11/12/2015	2	\$46.36
0374512275-03	Z.S.	Allay Medical Services PC	97124	10/27/2015-11/12/2015	2	\$40.42
0374512275-03	Z.S.	Allay Medical Services PC	97799	10/27/2015-11/12/2015	2	\$99.00
0374512275-03	Z.S.	Allay Medical Services PC	97750	12/15/2015	1	\$249.96
0374512275-03	Z.S.	Allay Medical Services PC	97002	12/15/2015	1	\$40.17
0374512275-03	Z.S.	Allay Medical Services PC	64550	12/15/2015-12/28/2015	2	\$146.60
0374512275-03	Z.S.	Allay Medical Services PC	97010	12/15/2015-12/28/2015	2	\$36.50
0374512275-03	Z.S.	Allay Medical Services PC	97110	12/15/2015-12/28/2015	2	\$46.36
0374512275-03	Z.S.	Allay Medical Services PC	97124	12/15/2015-12/28/2015	2	\$40.42
0374512275-03	Z.S.	Allay Medical Services PC	97799	12/15/2015-12/28/2015	2	\$99.00
0374553048-02	E.F.	Allay Medical Services PC	95903	07/13/2015	1	\$665.88
0374553048-02	E.F.	Allay Medical Services PC	95904	07/13/2015	1	\$425.88
0374553048-02	E.F.	Allay Medical Services PC	95934	07/13/2015	1	\$239.98
0374553048-02	E.F.	Allay Medical Services PC	64550	07/30/2015-08/13/2015	4	\$293.20

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0374553048-02	E.F.	Allay Medical Services PC	64550	08/18/2015-08/27/2015	6	\$439.80
0374553048-02	E.F.	Allay Medical Services PC	64550	09/02/2015-09/24/2015	5	\$366.50
0374553048-02	E.F.	Allay Medical Services PC	64550	10/07/2015-10/21/2015	6	\$439.80
0374553048-02	E.F.	Allay Medical Services PC	97010	10/07/2015-10/21/2015	6	\$109.50
0374553048-02	E.F.	Allay Medical Services PC	97110	10/07/2015-10/21/2015	6	\$139.08
0374553048-02	E.F.	Allay Medical Services PC	97124	10/07/2015-10/21/2015	6	\$121.26
0374553048-02	E.F.	Allay Medical Services PC	97750	10/15/2015	1	\$249.96
0374553048-02	E.F.	Allay Medical Services PC	97799	10/26/2015-11/09/2015	3	\$148.50
0374553048-02	E.F.	Allay Medical Services PC	64550	10/26/2015-11/09/2015	3	\$219.90
0374553048-02	E.F.	Allay Medical Services PC	97010	10/26/2015-11/09/2015	3	\$54.75
0374553048-02	E.F.	Allay Medical Services PC	97110	10/26/2015-11/09/2015	3	\$69.54
0374553048-02	E.F.	Allay Medical Services PC	97124	10/26/2015-11/09/2015	3	\$60.63
0374553048-02	E.F.	Allay Medical Services PC	95831	11/16/2015	1	\$130.80
0374553048-02	E.F.	Allay Medical Services PC	95851	11/16/2015	1	\$91.42
0374553048-02	E.F.	Allay Medical Services PC	64550	11/16/2015-12/10/2015	8	\$586.40
0374553048-02	E.F.	Allay Medical Services PC	97799	11/16/2015-12/10/2015	8	\$396.00
0374553048-02	E.F.	Allay Medical Services PC	99215	12/10/2015	1	\$148.69
0374553048-02	E.F.	Allay Medical Services PC	97750	11/30/2015	1	\$249.96
0375170644-02	M.R.	Allay Medical Services PC	20553	08/27/2015	1	\$119.10
0375170644-02	M.R.	Allay Medical Services PC	20999	08/27/2015	2	\$1,225.00
0375170644-02	M.R.	Allay Medical Services PC	99215	08/27/2015	1	\$148.69
0375170644-04	L.A.	Allay Medical Services PC	99215	09/21/2015	1	\$148.69
0375170644-04	L.A.	Allay Medical Services PC	99215	10/29/2015	1	\$148.69
0375170644-04	L.A.	Allay Medical Services PC	20610	11/19/2015	1	\$57.26
0375170644-04	L.A.	Allay Medical Services PC	99215	11/19/2015	1	\$148.69
0376459327-01	R.G.	Allay Medical Services PC	99215	08/17/2015	1	\$148.69
0376459327-01	R.G.	Allay Medical Services PC	99215	11/19/2015	1	\$148.69
0376459327-01	R.G.	Allay Medical Services PC	20553	12/03/2015	1	\$119.10
0376459327-01	R.G.	Allay Medical Services PC	20999	12/03/2015	2	\$12.25
0376459327-01	R.G.	Allay Medical Services PC	99215	12/03/2015	1	\$148.69

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0376459327-01	R.G.	Allay Medical Services PC	20553	12/17/2015	1	\$119.10
0376459327-01	R.G.	Allay Medical Services PC	20999	12/17/2015	2	\$1,225.00
0376459327-01	R.G.	Allay Medical Services PC	99215	12/17/2015	1	\$148.69
0377982285-02	Z.B.	Allay Medical Services PC	20553	08/25/2015	1	\$119.10
0377982285-02	Z.B.	Allay Medical Services PC	20999	08/25/2015	2	\$1,400.00
0377982285-02	Z.B.	Allay Medical Services PC	99244	08/25/2015	1	\$236.94
0380106203-01	S.F.	Allay Medical Services PC	99215	09/03/2015	1	\$148.69
0380106203-01	S.F.	Allay Medical Services PC	99215	12/03/2015	1	\$148.69
0380809228-02	C.A.	Allay Medical Services PC	99244	08/19/2015	1	\$236.94
0380809228-02	C.A.	Allay Medical Services PC	97010	08/20/2015-08/28/2015	4	\$73.00
0380809228-02	C.A.	Allay Medical Services PC	97110	08/20/2015-08/28/2015	4	\$92.72
0380809228-02	C.A.	Allay Medical Services PC	97124	08/20/2015-08/28/2015	4	\$80.84
0380809228-02	C.A.	Allay Medical Services PC	95903	09/03/2015	1	\$665.88
0380809228-02	C.A.	Allay Medical Services PC	95904	09/03/2015	1	\$638.82
0380809228-02	C.A.	Allay Medical Services PC	95903	09/04/2015	1	\$665.88
0380809228-02	C.A.	Allay Medical Services PC	95904	09/04/2015	1	\$425.88
0380809228-02	C.A.	Allay Medical Services PC	95926	09/04/2015	1	\$302.12
0380809228-02	C.A.	Allay Medical Services PC	95934	09/04/2015	1	\$239.98
0380809228-02	C.A.	Allay Medical Services PC	97001	08/19/2015	1	\$72.92
0380809228-02	C.A.	Allay Medical Services PC	64550	08/20/2015-08/28/2015	4	\$293.20
0380809228-02	C.A.	Allay Medical Services PC	97799	08/20/2015-08/28/2015	4	\$198.00
0380809228-02	C.A.	Allay Medical Services PC	95861	09/10/2015	1	\$241.50
0380809228-02	C.A.	Allay Medical Services PC	95927	09/10/2015	1	\$302.12
0380809228-02	C.A.	Allay Medical Services PC	95925	09/03/2015	1	\$302.12
0380809228-02	C.A.	Allay Medical Services PC	95903	09/03/2015	1	\$665.88
0380809228-02	C.A.	Allay Medical Services PC	95904	09/03/2015	1	\$638.82
0380809228-02	C.A.	Allay Medical Services PC	95851	09/09/2015	1	\$602.36
0380809228-02	C.A.	Allay Medical Services PC	99358	09/09/2015	1	\$204.41
0380809228-02	C.A.	Allay Medical Services PC	64550	09/01/2015-09/25/2015	7	\$513.10
0380809228-02	C.A.	Allay Medical Services PC	97010	09/01/2015-09/25/2015	8	\$146.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0380809228-02	C.A.	Allay Medical Services PC	97110	09/01/2015-09/25/2015	8	\$185.44
0380809228-02	C.A.	Allay Medical Services PC	97124	09/01/2015-09/25/2015	8	\$161.68
0380809228-02	C.A.	Allay Medical Services PC	97799	09/01/2015-09/25/2015	8	\$396.00
0380809228-02	C.A.	Allay Medical Services PC	64450	09/24/2015	1	\$73.30
0380809228-02	C.A.	Allay Medical Services PC	64550	09/28/2015-10/15/2015	9	\$659.70
0380809228-02	C.A.	Allay Medical Services PC	97010	09/28/2015-10/15/2015	9	\$164.25
0380809228-02	C.A.	Allay Medical Services PC	97110	09/28/2015-10/15/2015	9	\$208.62
0380809228-02	C.A.	Allay Medical Services PC	97124	09/28/2015-10/15/2015	9	\$181.89
0380809228-02	C.A.	Allay Medical Services PC	97799	09/28/2015-10/15/2015	9	\$445.50
0380809228-02	C.A.	Allay Medical Services PC	99215	10/28/2015	1	\$148.69
0380809228-02	C.A.	Allay Medical Services PC	64550	10/28/2015-11/09/2015	4	\$293.20
0380809228-02	C.A.	Allay Medical Services PC	97010	10/28/2015-11/09/2015	4	\$73.00
0380809228-02	C.A.	Allay Medical Services PC	97110	10/28/2015-11/09/2015	4	\$92.72
0380809228-02	C.A.	Allay Medical Services PC	97124	10/28/2015-11/09/2015	4	\$80.84
0380809228-02	C.A.	Allay Medical Services PC	97799	10/28/2015-11/09/2015	4	\$198.00
0380809228-02	C.A.	Allay Medical Services PC	95831	11/04/2015	1	\$130.80
0380809228-02	C.A.	Allay Medical Services PC	95833	11/04/2015	1	\$114.32
0380809228-02	C.A.	Allay Medical Services PC	95851	11/04/2015	1	\$91.42
0380809228-02	C.A.	Allay Medical Services PC	97799	11/24/2015-12/09/2015	2	\$99.00
0380809228-02	C.A.	Allay Medical Services PC	64550	11/24/2015-12/09/2015	2	\$147.00
0380809228-02	C.A.	Allay Medical Services PC	97010	11/24/2015-12/09/2015	2	\$36.50
0380809228-02	C.A.	Allay Medical Services PC	97110	11/24/2015-12/09/2015	2	\$46.36
0380809228-02	C.A.	Allay Medical Services PC	97124	11/24/2015-12/09/2015	2	\$40.42
0380809228-02	C.A.	Allay Medical Services PC	20610	12/22/2015	1	\$57.26
0380809228-02	C.A.	Allay Medical Services PC	76942	12/22/2015	1	\$262.91
0380809228-02	C.A.	Allay Medical Services PC	99215	12/22/2015	1	\$148.69
0380809228-02	C.A.	Allay Medical Services PC	97750	11/24/2015	1	\$249.96
0380809228-02	C.A.	Allay Medical Services PC	99358	12/07/2015	1	\$204.41
0380809228-02	C.A.	Allay Medical Services PC	97750	12/22/2015	1	\$249.96
0380809228-02	C.A.	Allay Medical Services PC	64550	12/22/2015	1	\$73.30

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0380809228-02	C.A.	Allay Medical Services PC	97010	12/22/2015	1	\$18.25
0380809228-02	C.A.	Allay Medical Services PC	97110	12/22/2015	1	\$23.18
0380809228-02	C.A.	Allay Medical Services PC	97124	12/22/2015	1	\$20.21
0380809228-02	C.A.	Allay Medical Services PC	97799	12/22/2015	1	\$49.50
0380809228-02	C.A.	Allay Medical Services PC	97750	12/22/2015	1	\$249.96
0380809228-05	T.T.	Allay Medical Services PC	95925	08/31/2015	1	\$302.12
0380809228-05	T.T.	Allay Medical Services PC	95903	08/31/2015	1	\$665.88
0380809228-05	T.T.	Allay Medical Services PC	95904	08/31/2015	1	\$638.82
0380809228-05	T.T.	Allay Medical Services PC	99244	08/28/2015	1	\$236.94
0380809228-05	T.T.	Allay Medical Services PC	95926	09/08/2015	1	\$302.12
0380809228-05	T.T.	Allay Medical Services PC	95831	08/25/2015	1	\$218.00
0380809228-05	T.T.	Allay Medical Services PC	95833	08/25/2015	1	\$114.32
0380809228-05	T.T.	Allay Medical Services PC	95851	08/25/2015	1	\$137.13
0380809228-05	T.T.	Allay Medical Services PC	97001	08/17/2015	1	\$72.92
0380809228-05	T.T.	Allay Medical Services PC	64550	08/19/2015-08/28/2015	4	\$293.20
0380809228-05	T.T.	Allay Medical Services PC	97010	08/19/2015-08/28/2015	4	\$73.00
0380809228-05	T.T.	Allay Medical Services PC	97110	08/19/2015-08/28/2015	4	\$92.72
0380809228-05	T.T.	Allay Medical Services PC	97124	08/19/2015-08/28/2015	4	\$80.84
0380809228-05	T.T.	Allay Medical Services PC	97799	08/19/2015-08/28/2015	4	\$198.00
0380809228-05	T.T.	Allay Medical Services PC	95927	09/11/2015	1	\$302.12
0380809228-05	T.T.	Allay Medical Services PC	95861	09/11/2015	1	\$241.50
0380809228-05	T.T.	Allay Medical Services PC	95903	09/08/2015	1	\$665.88
0380809228-05	T.T.	Allay Medical Services PC	95904	09/08/2015	1	\$425.88
0380809228-05	T.T.	Allay Medical Services PC	95934	09/08/2015	1	\$239.98
0380809228-05	T.T.	Allay Medical Services PC	97750	09/08/2015	1	\$249.96
0380809228-05	T.T.	Allay Medical Services PC	99358	09/08/2015	1	\$204.41
0380809228-05	T.T.	Allay Medical Services PC	64550	08/31/2015-09/28/2015	12	\$879.60
0380809228-05	T.T.	Allay Medical Services PC	97010	08/31/2015-09/28/2015	12	\$219.00
0380809228-05	T.T.	Allay Medical Services PC	97110	08/31/2015-09/28/2015	12	\$278.16
0380809228-05	T.T.	Allay Medical Services PC	97124	08/31/2015-09/28/2015	12	\$242.52

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0380809228-05	T.T.	Allay Medical Services PC	97799	08/31/2015-09/28/2015	12	\$594.00
0380809228-05	T.T.	Allay Medical Services PC	97010	09/30/2015-10/23/2015	8	\$146.00
0380809228-05	T.T.	Allay Medical Services PC	97110	09/30/2015-10/23/2015	8	\$185.44
0380809228-05	T.T.	Allay Medical Services PC	97124	09/30/2015-10/23/2015	8	\$161.68
0380809228-05	T.T.	Allay Medical Services PC	95831	10/21/2015	1	\$218.00
0380809228-05	T.T.	Allay Medical Services PC	95833	10/21/2015	1	\$114.32
0380809228-05	T.T.	Allay Medical Services PC	95851	10/21/2015	1	\$137.13
0380809228-05	T.T.	Allay Medical Services PC	97750	10/26/2015	1	\$249.96
0380809228-05	T.T.	Allay Medical Services PC	64550	10/26/2015-11/13/2015	4	\$293.20
0380809228-05	T.T.	Allay Medical Services PC	97010	10/26/2015-11/13/2015	4	\$73.00
0380809228-05	T.T.	Allay Medical Services PC	97110	10/26/2015-11/13/2015	4	\$92.72
0380809228-05	T.T.	Allay Medical Services PC	97124	10/26/2015-11/13/2015	4	\$80.84
0380809228-05	T.T.	Allay Medical Services PC	97799	10/26/2015-11/13/2015	4	\$198.00
0380809228-05	T.T.	Allay Medical Services PC	64550	11/16/2015	1	\$73.30
0380809228-05	T.T.	Allay Medical Services PC	97010	11/16/2015	1	\$18.25
0380809228-05	T.T.	Allay Medical Services PC	97110	11/16/2015	1	\$23.18
0380809228-05	T.T.	Allay Medical Services PC	97124	11/16/2015	1	\$20.21
0380809228-05	T.T.	Allay Medical Services PC	97799	11/16/2015	1	\$49.50
0380809228-06	C.D.	Allay Medical Services PC	97001	08/17/2015	1	\$72.92
0380809228-06	C.D.	Allay Medical Services PC	97010	08/21/2015-08/27/2015	4	\$73.00
0380809228-06	C.D.	Allay Medical Services PC	97110	08/21/2015-08/27/2015	4	\$92.72
0380809228-06	C.D.	Allay Medical Services PC	97124	08/21/2015-08/27/2015	4	\$80.84
0380809228-06	C.D.	Allay Medical Services PC	95903	09/08/2015	1	\$665.88
0380809228-06	C.D.	Allay Medical Services PC	95904	09/08/2015	1	\$638.82
0380809228-06	C.D.	Allay Medical Services PC	64550	08/21/2015-08/27/2015	4	\$293.20
0380809228-06	C.D.	Allay Medical Services PC	97799	08/21/2015-08/27/2015	4	\$198.00
0380809228-06	C.D.	Allay Medical Services PC	97750	08/25/2015	1	\$249.96
0380809228-06	C.D.	Allay Medical Services PC	95903	09/10/2015	1	\$665.88
0380809228-06	C.D.	Allay Medical Services PC	95904	09/10/2015	1	\$425.88
0380809228-06	C.D.	Allay Medical Services PC	95934	09/10/2015	1	\$239.98

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0380809228-06	C.D.	Allay Medical Services PC	95925	09/08/2015	1	\$302.12
0380809228-06	C.D.	Allay Medical Services PC	95927	09/17/2015	1	\$302.12
0380809228-06	C.D.	Allay Medical Services PC	95861	09/17/2015	1	\$241.50
0380809228-06	C.D.	Allay Medical Services PC	64550	09/03/2015-09/25/2015	6	\$439.80
0380809228-06	C.D.	Allay Medical Services PC	97010	09/03/2015-09/25/2015	6	\$109.50
0380809228-06	C.D.	Allay Medical Services PC	97110	09/03/2015-09/25/2015	6	\$139.08
0380809228-06	C.D.	Allay Medical Services PC	97124	09/03/2015-09/25/2015	6	\$121.26
0380809228-06	C.D.	Allay Medical Services PC	97799	09/03/2015-09/25/2015	6	\$297.00
0380809228-06	C.D.	Allay Medical Services PC	99244	09/25/2015	1	\$236.94
0380809228-06	C.D.	Allay Medical Services PC	97010	09/08/2015-09/29/2015	2	\$36.50
0380809228-06	C.D.	Allay Medical Services PC	64550	09/28/2015-09/29/2015	2	\$146.60
0380809228-06	C.D.	Allay Medical Services PC	97110	09/28/2015-09/29/2015	2	\$46.36
0380809228-06	C.D.	Allay Medical Services PC	97124	09/28/2015-09/29/2015	2	\$40.42
0380809228-06	C.D.	Allay Medical Services PC	97799	09/28/2015-09/29/2015	2	\$99.00
0380809228-07	B.G.	Allay Medical Services PC	99244	08/28/2015	1	\$236.94
0380809228-07	B.G.	Allay Medical Services PC	99215	09/16/2015	1	\$148.69
0380809228-07	B.G.	Allay Medical Services PC	97010	08/19/2015-08/31/2015	6	\$109.50
0380809228-07	B.G.	Allay Medical Services PC	97110	08/19/2015-08/31/2015	6	\$139.08
0380809228-07	B.G.	Allay Medical Services PC	97124	08/19/2015-08/31/2015	6	\$121.26
0380809228-07	B.G.	Allay Medical Services PC	97799	08/19/2015-08/31/2015	6	\$297.00
0380809228-07	B.G.	Allay Medical Services PC	97001	08/17/2015	1	\$72.92
0380809228-07	B.G.	Allay Medical Services PC	64550	08/19/2015-08/31/2015	6	\$439.80
0380809228-07	B.G.	Allay Medical Services PC	64550	09/01/2015-09/25/2015	6	\$439.80
0380809228-07	B.G.	Allay Medical Services PC	97010	09/01/2015-09/25/2015	6	\$109.50
0380809228-07	B.G.	Allay Medical Services PC	97110	09/01/2015-09/25/2015	6	\$139.08
0380809228-07	B.G.	Allay Medical Services PC	97124	09/01/2015-09/25/2015	6	\$121.26
0380809228-07	B.G.	Allay Medical Services PC	97799	09/01/2015-09/25/2015	6	\$297.00
0380809228-07	B.G.	Allay Medical Services PC	95903	09/25/2015	1	\$665.88
0380809228-07	B.G.	Allay Medical Services PC	95904	09/25/2015	1	\$638.82
0380809228-07	B.G.	Allay Medical Services PC	95925	09/25/2015	1	\$302.12

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0380809228-07	B.G.	Allay Medical Services PC	95925	09/25/2015	1	\$302.12
0380809228-07	B.G.	Allay Medical Services PC	97010	09/30/2015-10/15/2015	3	\$54.75
0380809228-07	B.G.	Allay Medical Services PC	97110	09/30/2015-10/15/2015	3	\$69.54
0380809228-07	B.G.	Allay Medical Services PC	97124	09/30/2015-10/15/2015	3	\$60.63
0380809228-07	B.G.	Allay Medical Services PC	97750	10/15/2015	1	\$249.96
0380809228-07	B.G.	Allay Medical Services PC	95861	11/23/2015	1	\$241.50
0380809228-07	B.G.	Allay Medical Services PC	95927	11/23/2015	1	\$302.12
0380809228-07	B.G.	Allay Medical Services PC	97124	10/28/2015-11/02/2015	2	\$40.42
0380809228-07	B.G.	Allay Medical Services PC	64550	10/29/2015-11/02/2015	2	\$146.60
0380809228-07	B.G.	Allay Medical Services PC	97010	10/29/2015-11/02/2015	2	\$36.50
0380809228-07	B.G.	Allay Medical Services PC	97110	10/29/2015-11/02/2015	2	\$46.36
0380809228-07	B.G.	Allay Medical Services PC	97799	10/29/2015-11/02/2015	2	\$99.00
0380809228-07	B.G.	Allay Medical Services PC	99215	12/01/2015	1	\$148.69
0380809228-07	B.G.	Allay Medical Services PC	97750	12/01/2015	1	\$249.96
0380809228-07	B.G.	Allay Medical Services PC	64550	11/23/2015-12/01/2015	2	\$146.60
0380809228-07	B.G.	Allay Medical Services PC	97010	11/23/2015-12/01/2015	2	\$36.50
0380809228-07	B.G.	Allay Medical Services PC	97110	11/23/2015-12/01/2015	2	\$46.36
0380809228-07	B.G.	Allay Medical Services PC	97124	11/23/2015-12/01/2015	2	\$40.42
0380809228-07	B.G.	Allay Medical Services PC	97799	11/23/2015-12/01/2015	2	\$99.00
0380809228-07	B.G.	Allay Medical Services PC	99358	12/01/2015	1	\$204.41
0380809228-07	B.G.	Allay Medical Services PC	64550	12/16/2015	1	\$73.30
0380809228-07	B.G.	Allay Medical Services PC	97010	12/16/2015	1	\$18.25
0380809228-07	B.G.	Allay Medical Services PC	97110	12/16/2015	1	\$23.18
0380809228-07	B.G.	Allay Medical Services PC	97124	12/16/2015	1	\$20.21
0380809228-07	B.G.	Allay Medical Services PC	97799	12/16/2015	1	\$49.50
0383954005-01	R.S.	Allay Medical Services PC	20553	10/22/2015	1	\$119.10
0383954005-01	R.S.	Allay Medical Services PC	20999	10/22/2015	2	\$1,225.00
0383954005-01	R.S.	Allay Medical Services PC	99244	10/22/2015	1	\$236.94
0387559552-01	D.D.	Allay Medical Services PC	20553	10/19/2015	1	\$119.10
0387559552-01	D.D.	Allay Medical Services PC	20999	10/19/2015	2	\$1,400.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0388149213-04	M.C.	Allay Medical Services PC	20553	10/27/2015	1	\$119.10
0388149213-04	M.C.	Allay Medical Services PC	20999	10/27/2015	2	\$2,275.00
0388149213-04	M.C.	Allay Medical Services PC	99244	10/27/2015	1	\$236.94
0389975136-01	J.S.	Allay Medical Services PC	20999	11/04/2015	2	\$1,400.00
0389975136-01	J.S.	Allay Medical Services PC	99215	11/11/2015	1	\$148.69
0391142502-07	A.F.	Allay Medical Services PC	99215	11/16/2015	1	\$148.69
0391142502-07	A.F.	Allay Medical Services PC	20553	12/07/2015	1	\$119.10
0391142502-07	A.F.	Allay Medical Services PC	20999	12/07/2015	2	\$1,400.00
0391142502-07	A.F.	Allay Medical Services PC	99215	12/07/2015	1	\$148.69
0391445368-01	B.C.	Allay Medical Services PC	20553	12/10/2015	1	\$119.10
0391445368-01	B.C.	Allay Medical Services PC	20999	12/10/2015	2	\$1,395.00
0391445368-01	B.C.	Allay Medical Services PC	99244	12/10/2015	1	\$236.94
0391594314-02	M.M.	Allay Medical Services PC	2099	12/21/2015	1	\$75.00
0391594314-02	M.M.	Allay Medical Services PC	20553	12/21/2015	1	\$119.10
0391594314-02	M.M.	Allay Medical Services PC	20799	12/21/2015	1	\$75.00
0391594314-02	M.M.	Allay Medical Services PC	20999	12/21/2015-12/22/2015	3	\$2,300.00
0391674355-01	A.F.	Allay Medical Services PC	20553	12/11/2015	1	\$119.10
0391674355-01	A.F.	Allay Medical Services PC	20999	12/11/2015	2	\$1,400.00
0391698619-01	D.L.	Allay Medical Services PC	20553	12/23/2015	1	\$119.10
0391698619-01	D.L.	Allay Medical Services PC	20999	12/23/2015	2	\$1,400.00
0393580955-02	M.L.	Allay Medical Services PC	20553	12/15/2015	1	\$119.10
0393580955-02	M.L.	Allay Medical Services PC	20990	12/15/2015	1	\$100.00
0393580955-02	M.L.	Allay Medical Services PC	20999	12/15/2015	2	\$1,300.00
0393819305-01	A.C.	Allay Medical Services PC	20553	12/10/2015	1	\$119.10
0393819305-01	A.C.	Allay Medical Services PC	20999	12/10/2015	2	\$1,575.00
0393819305-01	A.C.	Allay Medical Services PC	99244	12/10/2015	1	\$236.94
0393819305-02	L.C.	Allay Medical Services PC	20553	12/10/2015	1	\$119.10
0393819305-02	L.C.	Allay Medical Services PC	20999	12/10/2015	2	\$1,400.00
0393819305-02	L.C.	Allay Medical Services PC	99244	12/10/2015	1	\$236.94
0394803431-02	A.D.	Allay Medical Services PC	20553	12/29/2015	1	\$119.10

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0394803431-02	A.D.	Allay Medical Services PC	20999	12/29/2015	2	\$2,450.00
0411304496-01	I.L.	Allay Medical Services PC	97750	10/27/2016	1	\$249.96
0411304496-01	I.L.	Allay Medical Services PC	95831	10/26/2016	1	\$130.80
0411304496-01	I.L.	Allay Medical Services PC	95833	10/26/2016	1	\$114.32
0411304496-01	I.L.	Allay Medical Services PC	95851	10/26/2016	1	\$91.42
0411304496-02	J.L.	Allay Medical Services PC	95831	10/26/2016	1	\$305.20
0411304496-02	J.L.	Allay Medical Services PC	95833	10/26/2016	1	\$114.32
0411304496-02	J.L.	Allay Medical Services PC	95851	10/26/2016	1	\$182.84
0431774421-01	J.C.	Allay Medical Services PC	97750	10/27/2016	1	\$249.96
0431774421-01	J.C.	Allay Medical Services PC	95903	10/27/2016	1	\$665.88
0431774421-01	J.C.	Allay Medical Services PC	95904	10/27/2016	1	\$425.88
0431774421-01	J.C.	Allay Medical Services PC	95934	10/27/2016	1	\$239.98
0431774421-01	J.C.	Allay Medical Services PC	95831	10/26/2016	1	\$305.20
0431774421-01	J.C.	Allay Medical Services PC	95833	10/26/2016	1	\$114.32
0431774421-01	J.C.	Allay Medical Services PC	95851	10/26/2016	1	\$182.84
0431774421-01	J.C.	Allay Medical Services PC	99215	10/28/2016	1	\$148.69
0431774421-01	J.C.	Allay Medical Services PC	95926	10/27/2016	1	\$302.12
0431774421-02	P.C.	Allay Medical Services PC	95927	10/19/2016	1	\$302.12
0431774421-02	P.C.	Allay Medical Services PC	20999	10/24/2016	2	\$1,625.00
0431774421-02	P.C.	Allay Medical Services PC	99215	10/24/2016	1	\$148.69
0431774421-02	P.C.	Allay Medical Services PC	95831	10/25/2016	1	\$130.80
0431774421-02	P.C.	Allay Medical Services PC	95833	10/25/2016	1	\$114.32
0431774421-02	P.C.	Allay Medical Services PC	95851	10/25/2016	1	\$91.42
0431774421-03	D.S.	Allay Medical Services PC	95831	10/25/2016	1	\$130.80
0431774421-03	D.S.	Allay Medical Services PC	95833	10/25/2016	1	\$114.32
0431774421-03	D.S.	Allay Medical Services PC	95851	10/25/2016	1	\$137.13
0431774421-03	D.S.	Allay Medical Services PC	20999	10/31/2016	2	\$2,925.00
0431774421-03	D.S.	Allay Medical Services PC	99215	10/31/2016	1	\$148.69
0431774421-04	M.J.	Allay Medical Services PC	95927	10/19/2016	1	\$302.12
0431774421-04	M.J.	Allay Medical Services PC	20552	10/24/2016	1	\$100.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0431774421-04	M.J.	Allay Medical Services PC	99215	10/24/2016	1	\$148.69
0431774421-04	M.J.	Allay Medical Services PC	95903	10/24/2016	1	\$665.88
0431774421-04	M.J.	Allay Medical Services PC	95904	10/24/2016	1	\$425.88
0431774421-04	M.J.	Allay Medical Services PC	95934	10/24/2016	1	\$239.98
0431774421-04	M.J.	Allay Medical Services PC	95926	10/24/2016	1	\$302.12
0431774421-04	M.J.	Allay Medical Services PC	95831	10/25/2016	1	\$305.20
0431774421-04	M.J.	Allay Medical Services PC	95833	10/25/2016	1	\$114.32
0431774421-04	M.J.	Allay Medical Services PC	95851	10/25/2016	1	\$182.84
0431774421-05	M.T.	Allay Medical Services PC	95903	10/24/2016	1	\$665.88
0431774421-05	M.T.	Allay Medical Services PC	95904	10/24/2016	1	\$425.88
0431774421-05	M.T.	Allay Medical Services PC	95934	10/24/2016	1	\$239.98
0431774421-05	M.T.	Allay Medical Services PC	95831	10/25/2016	1	\$218.00
0431774421-05	M.T.	Allay Medical Services PC	95833	10/25/2016	1	\$114.32
0431774421-05	M.T.	Allay Medical Services PC	95851	10/25/2016	1	\$137.13
0434546750-02	S.B.	Allay Medical Services PC	20999	10/24/2016	2	\$1,675.00
0434546750-02	S.B.	Allay Medical Services PC	97026	10/24/2016	1	\$24.16
0434546750-02	S.B.	Allay Medical Services PC	99244	10/24/2016	1	\$236.94
0434546750-02	S.B.	Allay Medical Services PC	95831	10/27/2016	1	\$130.80
0434546750-02	S.B.	Allay Medical Services PC	95833	10/27/2016	1	\$114.32
0434546750-02	S.B.	Allay Medical Services PC	95851	10/27/2016	1	\$91.42
0434546750-11	E.I.	Allay Medical Services PC	99244	10/24/2016	1	\$236.94
0191030063-03	F.C.	Charles Deng Acupuncture PC	97810	07/11/2011-08/12/2011	10	\$300.00
0191030063-08	S.G.	Charles Deng Acupuncture PC	97810	06/14/2011-07/06/2011	7	\$210.00
0191030063-08	S.G.	Charles Deng Acupuncture PC	97811	06/14/2011-07/06/2011	7	\$359.66
0191030063-08	S.G.	Charles Deng Acupuncture PC	97810	07/11/2011-08/09/2011	9	\$270.00
0191030063-08	S.G.	Charles Deng Acupuncture PC	97811	07/11/2011-08/09/2011	9	\$462.42
0192991008-08	S.S.	Charles Deng Acupuncture PC	97810	03/14/2011-04/06/2011	7	\$455.00
0192991008-08	S.S.	Charles Deng Acupuncture PC	99203	03/14/2011	1	\$80.00
0193363124-05	J.J.	Charles Deng Acupuncture PC	97810	05/26/2011-06/14/2011	9	\$270.00
0193363124-05	J.J.	Charles Deng Acupuncture PC	97811	05/26/2011-06/14/2011	9	\$231.21

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0193363124-05	J.J.	Charles Deng Acupuncture PC	97810	06/16/2011-07/07/2011	8	\$240.00
0193363124-05	J.J.	Charles Deng Acupuncture PC	97811	06/16/2011-07/07/2011	8	\$205.52
0193363124-05	J.J.	Charles Deng Acupuncture PC	97810	07/11/2011-08/17/2011	11	\$330.00
0193363124-05	J.J.	Charles Deng Acupuncture PC	97811	07/11/2011-08/17/2011	11	\$282.59
0193363124-05	J.J.	Charles Deng Acupuncture PC	97810	09/12/2011-10/17/2011	9	\$270.00
0193363124-05	J.J.	Charles Deng Acupuncture PC	97811	09/12/2011-10/17/2011	9	\$231.21
0195186085-04	E.L.	Charles Deng Acupuncture PC	97810	03/14/2011-04/06/2011	7	\$455.00
0195186085-04	E.L.	Charles Deng Acupuncture PC	99203	03/14/2011	1	\$80.00
0195186085-04	E.L.	Charles Deng Acupuncture PC	97810	04/20/2011-05/24/2011	12	\$360.00
0195186085-04	E.L.	Charles Deng Acupuncture PC	97811	04/20/2011-05/24/2011	12	\$308.28
0195186085-04	E.L.	Charles Deng Acupuncture PC	97810	06/01/2011-06/08/2011	2	\$60.00
0196676050-03	J.J.	Charles Deng Acupuncture PC	97810	03/28/2011-05/04/2011	12	\$360.00
0196676050-03	J.J.	Charles Deng Acupuncture PC	99203	03/28/2011	1	\$80.00
0196676050-03	J.J.	Charles Deng Acupuncture PC	97811	04/19/2011-05/04/2011	9	\$231.21
0196676050-03	J.J.	Charles Deng Acupuncture PC	97810	09/20/2011-10/07/2011	6	\$180.00
0196676050-03	J.J.	Charles Deng Acupuncture PC	97811	09/20/2011-10/07/2011	6	\$154.14
0196676050-03	J.J.	Charles Deng Acupuncture PC	97810	01/18/2012-03/06/2012	9	\$270.00
0196676050-03	J.J.	Charles Deng Acupuncture PC	97811	01/18/2012-03/06/2012	9	\$231.21
0199001207-01	L.B.	Charles Deng Acupuncture PC	97810	04/19/2011-06/01/2011	13	\$390.00
0199001207-01	L.B.	Charles Deng Acupuncture PC	99203	04/19/2011	1	\$80.00
0199001207-01	L.B.	Charles Deng Acupuncture PC	97810	07/05/2011	1	\$30.00
0199001207-01	L.B.	Charles Deng Acupuncture PC	97810	07/27/2011	1	\$30.00
0199001207-04	A.E.	Charles Deng Acupuncture PC	99203	04/21/2011	1	\$80.00
0199001207-04	A.E.	Charles Deng Acupuncture PC	97810	04/22/2011-05/24/2011	10	\$300.00
0199001207-04	A.E.	Charles Deng Acupuncture PC	97811	04/22/2011-05/24/2011	10	\$513.80
0199001207-04	A.E.	Charles Deng Acupuncture PC	97810	06/15/2011-06/23/2011	4	\$120.00
0199001207-04	A.E.	Charles Deng Acupuncture PC	97811	06/15/2011-06/23/2011	4	\$102.76
0199001207-04	A.E.	Charles Deng Acupuncture PC	97810	07/12/2011-07/20/2011	3	\$90.00
0199001207-04	A.E.	Charles Deng Acupuncture PC	97811	07/18/2011-07/20/2011	2	\$51.38
0199001207-05	R.H.	Charles Deng Acupuncture PC	97810	04/18/2011-05/04/2011	7	\$210.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0199001207-05	R.H.	Charles Deng Acupuncture PC	97811	04/18/2011-05/04/2011	7	\$359.66
0199001207-05	R.H.	Charles Deng Acupuncture PC	99203	04/18/2011	1	\$80.00
0199001207-05	R.H.	Charles Deng Acupuncture PC	97810	05/06/2011-05/27/2011	6	\$180.00
0199001207-05	R.H.	Charles Deng Acupuncture PC	97811	05/06/2011-05/27/2011	6	\$308.28
0199001207-05	R.H.	Charles Deng Acupuncture PC	97810	06/02/2011-07/01/2011	4	\$120.00
0199001207-05	R.H.	Charles Deng Acupuncture PC	97811	06/02/2011-07/01/2011	4	\$205.52
0199001207-05	R.H.	Charles Deng Acupuncture PC	97810	07/12/2011-07/15/2011	2	\$60.00
0199001207-05	R.H.	Charles Deng Acupuncture PC	97811	07/12/2011-07/15/2011	2	\$102.76
0204726103-01	A.C.	Charles Deng Acupuncture PC	97811	07/08/2011-07/28/2011	10	\$513.80
0204726103-01	A.C.	Charles Deng Acupuncture PC	97811	08/02/2011-08/17/2011	7	\$359.66
0205197642-01	G.D.	Charles Deng Acupuncture PC	97811	06/14/2011-06/29/2011	7	\$179.83
0205197642-01	G.D.	Charles Deng Acupuncture PC	97810	06/14/2011-06/29/2011	7	\$210.00
0205197642-01	G.D.	Charles Deng Acupuncture PC	97811	06/14/2011-06/29/2011	7	\$179.83
0205197642-01	G.D.	Charles Deng Acupuncture PC	99203	06/14/2011	1	\$80.00
0205197642-01	G.D.	Charles Deng Acupuncture PC	97811	07/05/2011	1	\$25.69
0205197642-01	G.D.	Charles Deng Acupuncture PC	97811	07/11/2011-07/28/2011	5	\$128.45
0205631724-05	M.P.	Charles Deng Acupuncture PC	99203	04/14/2011	1	\$80.00
0205631724-05	M.P.	Charles Deng Acupuncture PC	97810	07/13/2011-08/03/2011	2	\$60.00
0205631724-05	M.P.	Charles Deng Acupuncture PC	97811	07/13/2011-08/03/2011	2	\$51.38
0206919284-02	J.J.	Charles Deng Acupuncture PC	97811	07/15/2011-08/02/2011	7	\$179.83
0206919284-02	J.J.	Charles Deng Acupuncture PC	97811	06/22/2011-07/14/2011	10	\$256.90
0206919284-02	J.J.	Charles Deng Acupuncture PC	97811	08/05/2011-08/17/2011	5	\$128.45
0206919284-02	J.J.	Charles Deng Acupuncture PC	97810	03/09/2012-03/16/2012	2	\$60.00
0206919284-02	J.J.	Charles Deng Acupuncture PC	97811	03/09/2012-03/16/2012	2	\$51.38
0208669697-03	J.S.	Charles Deng Acupuncture PC	99203	06/20/2011	1	\$80.00
0208669697-03	J.S.	Charles Deng Acupuncture PC	97810	09/23/2011-10/24/2011	4	\$120.00
0208669697-03	J.S.	Charles Deng Acupuncture PC	97811	09/23/2011-10/24/2011	4	\$102.76
0208669697-03	J.S.	Charles Deng Acupuncture PC	97810	11/16/2011-12/05/2011	2	\$60.00
0208669697-03	J.S.	Charles Deng Acupuncture PC	97811	11/16/2011-12/05/2011	2	\$102.76
0210577441-05	F.P.	Charles Deng Acupuncture PC	97810	11/10/2011-11/18/2011	3	\$90.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0210577441-05	F.P.	Charles Deng Acupuncture PC	97811	11/10/2011-11/18/2011	3	\$77.07
0210996961-05	J.B.	Charles Deng Acupuncture PC	97811	07/11/2011-07/29/2011	9	\$462.42
0211701685-05	J.L.	Charles Deng Acupuncture PC	99203	08/01/2011	1	\$80.00
0211701685-05	J.L.	Charles Deng Acupuncture PC	97810	11/10/2011-12/14/2011	5	\$150.00
0211701685-05	J.L.	Charles Deng Acupuncture PC	97811	11/10/2011-12/14/2011	5	\$205.52
0211701685-06	C.L.	Charles Deng Acupuncture PC	99203	08/02/2011	1	\$80.00
0211701685-06	C.L.	Charles Deng Acupuncture PC	97810	11/10/2011	1	\$30.00
0211701685-06	C.L.	Charles Deng Acupuncture PC	97811	11/10/2011	1	\$25.69
0213337363-02	L.G.	Charles Deng Acupuncture PC	97810	07/14/2011-07/20/2011	4	\$120.00
0213337363-02	L.G.	Charles Deng Acupuncture PC	97811	07/14/2011-07/20/2011	4	\$205.52
0213337363-02	L.G.	Charles Deng Acupuncture PC	97810	06/08/2011-06/16/2011	5	\$150.00
0213337363-02	L.G.	Charles Deng Acupuncture PC	97811	06/08/2011-06/16/2011	5	\$256.90
0213337363-02	L.G.	Charles Deng Acupuncture PC	99203	06/08/2011	1	\$80.00
0213337363-02	L.G.	Charles Deng Acupuncture PC	97810	06/17/2011-07/11/2011	9	\$270.00
0213337363-02	L.G.	Charles Deng Acupuncture PC	97811	06/17/2011-07/11/2011	9	\$359.66
0213337363-02	L.G.	Charles Deng Acupuncture PC	97810	08/03/2011-08/10/2011	3	\$90.00
0213337363-02	L.G.	Charles Deng Acupuncture PC	97811	08/03/2011-08/10/2011	3	\$154.14
0213337363-02	L.G.	Charles Deng Acupuncture PC	97810	09/15/2011-09/29/2011	7	\$210.00
0213337363-02	L.G.	Charles Deng Acupuncture PC	97811	09/15/2011-09/29/2011	7	\$308.28
0213337363-02	L.G.	Charles Deng Acupuncture PC	99213	09/15/2011	1	\$70.00
0213337363-02	L.G.	Charles Deng Acupuncture PC	97810	09/30/2011-10/20/2011	7	\$210.00
0213337363-02	L.G.	Charles Deng Acupuncture PC	97811	09/30/2011-10/20/2011	7	\$308.28
0213337363-02	L.G.	Charles Deng Acupuncture PC	97810	11/10/2011-11/23/2011	3	\$90.00
0213337363-02	L.G.	Charles Deng Acupuncture PC	97811	11/10/2011-11/23/2011	3	\$154.14
0214337768-03	S.L.	Charles Deng Acupuncture PC	97810	01/24/2012-03/06/2012	14	\$420.00
0214337768-03	S.L.	Charles Deng Acupuncture PC	97811	01/24/2012-03/06/2012	14	\$359.66
0214337768-03	S.L.	Charles Deng Acupuncture PC	97810	03/08/2012-04/05/2012	7	\$210.00
0214337768-03	S.L.	Charles Deng Acupuncture PC	97811	03/08/2012-04/05/2012	7	\$179.83
0214337768-04	A.P.	Charles Deng Acupuncture PC	97810	08/18/2011-09/09/2011	8	\$240.00
0214337768-04	A.P.	Charles Deng Acupuncture PC	97811	08/18/2011-09/09/2011	8	\$256.90

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0214337768-04	A.P.	Charles Deng Acupuncture PC	97810	07/27/2011-08/17/2011	8	\$240.00
0214337768-04	A.P.	Charles Deng Acupuncture PC	97811	07/27/2011-08/17/2011	8	\$411.04
0214337768-04	A.P.	Charles Deng Acupuncture PC	99203	07/27/2011	1	\$80.00
0214337768-04	A.P.	Charles Deng Acupuncture PC	97810	09/12/2011-10/17/2011	11	\$330.00
0214337768-04	A.P.	Charles Deng Acupuncture PC	97811	09/12/2011-10/17/2011	11	\$282.59
0214337768-04	A.P.	Charles Deng Acupuncture PC	97810	11/22/2011-12/14/2011	5	\$150.00
0214337768-04	A.P.	Charles Deng Acupuncture PC	97811	11/22/2011-12/14/2011	5	\$128.45
0214337768-05	E.L.	Charles Deng Acupuncture PC	97810	09/22/2011-10/03/2011	5	\$150.00
0214337768-05	E.L.	Charles Deng Acupuncture PC	97811	09/22/2011-10/03/2011	5	\$128.45
0214337768-05	E.L.	Charles Deng Acupuncture PC	97810	10/10/2011-10/25/2011	8	\$240.00
0214337768-05	E.L.	Charles Deng Acupuncture PC	97811	10/10/2011-10/25/2011	8	\$333.97
0214918740-01	J.P.	Charles Deng Acupuncture PC	97810	09/12/2011-10/10/2011	8	\$240.00
0214918740-01	J.P.	Charles Deng Acupuncture PC	97811	09/12/2011-10/10/2011	8	\$205.52
0214918740-01	J.P.	Charles Deng Acupuncture PC	99203	09/12/2011	1	\$80.00
0214918740-01	J.P.	Charles Deng Acupuncture PC	97810	11/08/2011-11/14/2011	2	\$60.00
0214918740-01	J.P.	Charles Deng Acupuncture PC	97811	11/08/2011-11/14/2011	2	\$51.38
0214918740-05	T.P.	Charles Deng Acupuncture PC	97810	09/06/2011-10/11/2011	12	\$360.00
0214918740-05	T.P.	Charles Deng Acupuncture PC	97811	09/06/2011-10/11/2011	12	\$308.28
0214918740-05	T.P.	Charles Deng Acupuncture PC	99203	09/06/2011	1	\$80.00
0214918740-05	T.P.	Charles Deng Acupuncture PC	97810	10/14/2011-10/24/2011	4	\$120.00
0214918740-05	T.P.	Charles Deng Acupuncture PC	97811	10/14/2011-10/24/2011	4	\$102.76
0217120120-03	Y.B.	Charles Deng Acupuncture PC	97810	01/19/2012-02/16/2012	4	\$120.00
0217120120-03	Y.B.	Charles Deng Acupuncture PC	97811	01/19/2012-02/16/2012	4	\$102.76
0223443532-05	R.M.	Charles Deng Acupuncture PC	97810	10/31/2011-11/10/2011	6	\$180.00
0223443532-05	R.M.	Charles Deng Acupuncture PC	97811	10/31/2011-11/10/2011	6	\$308.28
0223443532-05	R.M.	Charles Deng Acupuncture PC	99203	10/31/2011	1	\$80.00
0223443532-05	R.M.	Charles Deng Acupuncture PC	97810	11/15/2011-12/22/2011	10	\$300.00
0223443532-05	R.M.	Charles Deng Acupuncture PC	97811	11/15/2011-12/22/2011	10	\$513.80
0223443532-06	Y.P.	Charles Deng Acupuncture PC	97810	01/17/2012-02/23/2012	12	\$360.00
0223443532-06	Y.P.	Charles Deng Acupuncture PC	97811	01/17/2012-02/23/2012	12	\$308.28

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0223443532-07	B.B.	Charles Deng Acupuncture PC	97811	11/01/2011-11/10/2011	5	\$256.90
0223443532-07	B.B.	Charles Deng Acupuncture PC	97811	11/15/2011-12/16/2011	11	\$462.42
0223443532-07	B.B.	Charles Deng Acupuncture PC	97810	01/18/2012-02/22/2012	9	\$270.00
0223443532-07	B.B.	Charles Deng Acupuncture PC	97811	01/18/2012-02/22/2012	9	\$436.73
0223443532-07	B.B.	Charles Deng Acupuncture PC	97810	02/29/2012-04/03/2012	8	\$240.00
0223443532-07	B.B.	Charles Deng Acupuncture PC	97811	02/29/2012-04/03/2012	8	\$411.04
0223443532-07	B.B.	Charles Deng Acupuncture PC	99213	02/29/2012	1	\$70.00
0223443532-07	B.B.	Charles Deng Acupuncture PC	97810	04/13/2012	1	\$30.00
0223443532-07	B.B.	Charles Deng Acupuncture PC	97811	04/13/2012	1	\$51.38
0224293852-03	A.D.	Charles Deng Acupuncture PC	97810	09/30/2011	1	\$30.00
0224293852-03	A.D.	Charles Deng Acupuncture PC	97811	09/30/2011	1	\$25.69
0224293852-03	A.D.	Charles Deng Acupuncture PC	99203	09/30/2011	1	\$80.00
0227297040-03	M.A.	Charles Deng Acupuncture PC	97810	12/28/2011-01/05/2012	5	\$150.00
0227297040-03	M.A.	Charles Deng Acupuncture PC	97811	12/28/2011-01/05/2012	5	\$256.90
0227297040-03	M.A.	Charles Deng Acupuncture PC	99203	12/28/2011	1	\$80.00
0227297040-03	M.A.	Charles Deng Acupuncture PC	97810	01/19/2012-02/16/2012	7	\$210.00
0227297040-03	M.A.	Charles Deng Acupuncture PC	97811	01/19/2012-02/16/2012	7	\$359.66
0227297040-03	M.A.	Charles Deng Acupuncture PC	99213	02/23/2012	1	\$70.00
0228760237-01	K.L.	Charles Deng Acupuncture PC	99213	03/09/2012	1	\$70.00
0229571665-03	S.F.	Charles Deng Acupuncture PC	97810	06/18/2012-06/25/2012	2	\$60.00
0229571665-03	S.F.	Charles Deng Acupuncture PC	97811	06/18/2012-06/25/2012	2	\$51.38
0230244971-03	G.M.	Charles Deng Acupuncture PC	99203	12/29/2011	1	\$80.00
0230244971-03	G.M.	Charles Deng Acupuncture PC	97810	03/09/2012-03/13/2012	2	\$60.00
0230244971-03	G.M.	Charles Deng Acupuncture PC	97811	03/09/2012-03/13/2012	2	\$51.38
0230244971-03	G.M.	Charles Deng Acupuncture PC	97810	05/01/2012	1	\$30.00
0230244971-03	G.M.	Charles Deng Acupuncture PC	97811	05/01/2012	1	\$25.69
0231030412-01	R.H.	Charles Deng Acupuncture PC	97810	01/03/2012-02/08/2012	14	\$420.00
0231030412-01	R.H.	Charles Deng Acupuncture PC	97811	01/03/2012-02/08/2012	14	\$488.11
0231030412-01	R.H.	Charles Deng Acupuncture PC	99203	01/03/2012	1	\$80.00
0231030412-01	R.H.	Charles Deng Acupuncture PC	97810	02/13/2012-02/24/2012	6	\$180.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0231030412-01	R.H.	Charles Deng Acupuncture PC	97811	02/13/2012-02/24/2012	6	\$154.14
0231030412-01	R.H.	Charles Deng Acupuncture PC	97810	03/21/2012-04/04/2012	3	\$90.00
0231030412-01	R.H.	Charles Deng Acupuncture PC	97811	03/21/2012-04/04/2012	3	\$77.07
0231030412-01	R.H.	Charles Deng Acupuncture PC	99213	03/21/2012	1	\$70.00
0231030412-01	R.H.	Charles Deng Acupuncture PC	97810	04/11/2012-04/12/2012	2	\$60.00
0231030412-01	R.H.	Charles Deng Acupuncture PC	97811	04/11/2012-04/12/2012	2	\$51.38
0231030412-05	R.H.	Charles Deng Acupuncture PC	97810	01/03/2012-01/13/2012	6	\$180.00
0231030412-05	R.H.	Charles Deng Acupuncture PC	97811	01/03/2012-01/13/2012	6	\$308.28
0231030412-05	R.H.	Charles Deng Acupuncture PC	99203	01/03/2012	1	\$80.00
0231832668-03	D.D.	Charles Deng Acupuncture PC	97810	12/12/2011-12/22/2011	3	\$90.00
0231832668-03	D.D.	Charles Deng Acupuncture PC	97811	12/12/2011-12/22/2011	3	\$77.07
0231832668-03	D.D.	Charles Deng Acupuncture PC	99203	12/12/2011	1	\$80.00
0231832668-07	J.D.	Charles Deng Acupuncture PC	97810	12/12/2011-01/03/2012	5	\$150.00
0231832668-07	J.D.	Charles Deng Acupuncture PC	97811	12/12/2011-01/03/2012	5	\$256.90
0231832668-07	J.D.	Charles Deng Acupuncture PC	99203	12/12/2011	1	\$80.00
0231832668-07	J.D.	Charles Deng Acupuncture PC	97810	01/25/2012-02/23/2012	2	\$60.00
0231832668-07	J.D.	Charles Deng Acupuncture PC	97811	01/25/2012-02/23/2012	2	\$102.76
0231832668-07	J.D.	Charles Deng Acupuncture PC	97810	03/12/2012	1	\$30.00
0231832668-07	J.D.	Charles Deng Acupuncture PC	97811	03/12/2012	1	\$51.38
0231832668-07	J.D.	Charles Deng Acupuncture PC	99213	03/12/2012	1	\$70.00
0231928466-01	G.M.	Charles Deng Acupuncture PC	97811	01/19/2012-03/07/2012	18	\$462.42
0231928466-01	G.M.	Charles Deng Acupuncture PC	97811	03/07/2012-04/10/2012	10	\$256.90
0231928466-01	G.M.	Charles Deng Acupuncture PC	97810	04/11/2012-05/18/2012	9	\$270.00
0231928466-01	G.M.	Charles Deng Acupuncture PC	97811	04/11/2012-05/18/2012	9	\$231.21
0231928466-06	A.C.	Charles Deng Acupuncture PC	97810	01/17/2012-03/01/2012	11	\$330.00
0231928466-06	A.C.	Charles Deng Acupuncture PC	97811	01/17/2012-03/01/2012	11	\$282.59
0231928466-06	A.C.	Charles Deng Acupuncture PC	99203	01/17/2012	1	\$80.00
0231928466-06	A.C.	Charles Deng Acupuncture PC	97810	03/06/2012-03/29/2012	8	\$240.00
0231928466-06	A.C.	Charles Deng Acupuncture PC	97811	03/06/2012-03/29/2012	8	\$205.52
0231928466-06	A.C.	Charles Deng Acupuncture PC	99213	03/06/2012	1	\$70.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0231928466-06	A.C.	Charles Deng Acupuncture PC	97810	04/10/2012-05/01/2012	6	\$180.00
0231928466-06	A.C.	Charles Deng Acupuncture PC	97811	04/10/2012-05/01/2012	6	\$154.14
0231928466-08	M.M.	Charles Deng Acupuncture PC	97810	02/09/2012-03/07/2012	6	\$180.00
0231928466-08	M.M.	Charles Deng Acupuncture PC	97811	02/09/2012-03/07/2012	6	\$154.14
0231928466-08	M.M.	Charles Deng Acupuncture PC	99203	02/09/2012	1	\$80.00
0231928466-08	M.M.	Charles Deng Acupuncture PC	97810	03/14/2012-04/10/2012	7	\$210.00
0231928466-08	M.M.	Charles Deng Acupuncture PC	97810	04/12/2012-04/18/2012	3	\$90.00
0232442087-03	A.L.	Charles Deng Acupuncture PC	97810	04/13/2012-05/18/2012	5	\$150.00
0232442087-03	A.L.	Charles Deng Acupuncture PC	97811	04/13/2012-05/18/2012	5	\$256.90
0236474912-03	T.N.	Charles Deng Acupuncture PC	97811	02/22/2012-03/22/2012	11	\$282.59
0236474912-03	T.N.	Charles Deng Acupuncture PC	97811	04/02/2012-04/09/2012	3	\$77.07
0236474912-03	T.N.	Charles Deng Acupuncture PC	97811	04/17/2012-05/03/2012	4	\$102.76
0237989108-03	E.E.	Charles Deng Acupuncture PC	99203	03/19/2012	1	\$80.00
0246847370-04	M.F.	Charles Deng Acupuncture PC	99203	05/18/2012	1	\$80.00
0246847370-04	M.F.	Charles Deng Acupuncture PC	97810	10/02/2012-10/03/2012	2	\$60.00
0246847370-04	M.F.	Charles Deng Acupuncture PC	97811	10/02/2012-10/03/2012	2	\$51.38
0246847370-05	W.J.	Charles Deng Acupuncture PC	99203	05/22/2012	1	\$80.00
0247042302-01	B.B.	Charles Deng Acupuncture PC	97811	08/27/2012-10/02/2012	11	\$282.59
0247385354-01	J.E.	Charles Deng Acupuncture PC	99203	06/07/2012	1	\$80.00
0247385354-03	L.B.	Charles Deng Acupuncture PC	97810	06/07/2012-07/10/2012	10	\$300.00
0247385354-03	L.B.	Charles Deng Acupuncture PC	97811	06/07/2012-07/10/2012	10	\$256.90
0247385354-03	L.B.	Charles Deng Acupuncture PC	99203	06/07/2012	1	\$80.00
0247385354-03	L.B.	Charles Deng Acupuncture PC	97810	07/11/2012-07/17/2012	3	\$90.00
0247385354-03	L.B.	Charles Deng Acupuncture PC	97811	07/11/2012-07/17/2012	3	\$77.07
0247385354-03	L.B.	Charles Deng Acupuncture PC	97810	07/19/2012-08/23/2012	6	\$180.00
0247385354-03	L.B.	Charles Deng Acupuncture PC	97811	07/19/2012-08/23/2012	6	\$154.14
0247385354-03	L.B.	Charles Deng Acupuncture PC	97810	09/06/2012-09/26/2012	7	\$210.00
0247385354-03	L.B.	Charles Deng Acupuncture PC	97811	09/06/2012-09/26/2012	7	\$179.83
0247385354-05	R.I.	Charles Deng Acupuncture PC	99203	06/07/2012	1	\$80.00
0248229486-06	K.L.	Charles Deng Acupuncture PC	97811	06/20/2012-07/26/2012	7	\$256.90

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0250464211-01	O.S.	Charles Deng Acupuncture PC	97810	05/25/2012-06/26/2012	11	\$330.00
0250464211-01	O.S.	Charles Deng Acupuncture PC	97811	05/25/2012-06/26/2012	11	\$411.04
0250464211-01	O.S.	Charles Deng Acupuncture PC	99203	05/25/2012	1	\$80.00
0253727044-01	G.M.	Charles Deng Acupuncture PC	99203	07/17/2012	1	\$80.00
0253727044-01	G.M.	Charles Deng Acupuncture PC	97810	10/26/2012-11/20/2012	7	\$210.00
0253727044-01	G.M.	Charles Deng Acupuncture PC	97811	10/26/2012-11/20/2012	7	\$179.83
0253727044-01	G.M.	Charles Deng Acupuncture PC	97810	12/10/2012-01/09/2013	9	\$270.00
0253727044-01	G.M.	Charles Deng Acupuncture PC	97811	12/10/2012-01/09/2013	9	\$231.21
0253727044-01	G.M.	Charles Deng Acupuncture PC	97810	02/08/2013	1	\$30.00
0253727044-01	G.M.	Charles Deng Acupuncture PC	97810	02/14/2013-02/28/2013	5	\$150.00
0253727044-01	G.M.	Charles Deng Acupuncture PC	97811	02/18/2013-02/28/2013	4	\$179.83
0253727044-01	G.M.	Charles Deng Acupuncture PC	99199	02/22/2013-02/28/2013	3	\$150.00
0253727044-01	G.M.	Charles Deng Acupuncture PC	97810	03/05/2013-03/18/2013	3	\$90.00
0253727044-01	G.M.	Charles Deng Acupuncture PC	97811	03/05/2013	1	\$25.69
0253727044-01	G.M.	Charles Deng Acupuncture PC	99199	03/05/2013-03/18/2013	3	\$150.00
0253727044-01	G.M.	Charles Deng Acupuncture PC	97810	03/21/2013-04/03/2013	3	\$90.00
0253727044-01	G.M.	Charles Deng Acupuncture PC	99199	03/21/2013-04/03/2013	3	\$150.00
0253727044-01	G.M.	Charles Deng Acupuncture PC	97810	04/12/2013-05/01/2013	7	\$210.00
0253727044-01	G.M.	Charles Deng Acupuncture PC	99199	04/12/2013-05/01/2013	6	\$300.00
0253727044-04	D.M.	Charles Deng Acupuncture PC	99203	07/02/2012	1	\$80.00
0253727044-04	D.M.	Charles Deng Acupuncture PC	97810	02/11/2013	1	\$30.00
0253727044-04	D.M.	Charles Deng Acupuncture PC	97810	02/25/2013-03/01/2013	2	\$60.00
0253727044-04	D.M.	Charles Deng Acupuncture PC	99199	02/25/2013-03/01/2013	2	\$100.00
0253727044-04	D.M.	Charles Deng Acupuncture PC	97810	03/05/2013-03/18/2013	4	\$120.00
0253727044-04	D.M.	Charles Deng Acupuncture PC	99199	03/05/2013-03/18/2013	4	\$200.00
0253727044-04	D.M.	Charles Deng Acupuncture PC	97810	03/22/2013-04/02/2013	3	\$90.00
0253727044-04	D.M.	Charles Deng Acupuncture PC	99199	03/22/2013-04/02/2013	3	\$150.00
0253727044-04	D.M.	Charles Deng Acupuncture PC	97810	04/10/2013-04/29/2013	5	\$150.00
0253727044-04	D.M.	Charles Deng Acupuncture PC	99199	04/10/2013-04/29/2013	5	\$250.00
0253727044-14	M.B.	Charles Deng Acupuncture PC	99203	07/30/2012	1	\$80.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0256679861-06	J.P.	Charles Deng Acupuncture PC	97810	08/27/2012-09/12/2012	6	\$180.00
0256679861-06	J.P.	Charles Deng Acupuncture PC	97811	08/27/2012-09/12/2012	6	\$154.14
0256679861-06	J.P.	Charles Deng Acupuncture PC	99203	08/27/2012	1	\$80.00
0256679861-06	J.P.	Charles Deng Acupuncture PC	97810	11/06/2012	1	\$30.00
0256679861-06	J.P.	Charles Deng Acupuncture PC	97811	11/06/2012	1	\$25.69
0256679861-07	S.C.	Charles Deng Acupuncture PC	99203	08/27/2012	1	\$80.00
0256679861-07	S.C.	Charles Deng Acupuncture PC	97810	08/28/2012-09/10/2012	4	\$120.00
0256679861-07	S.C.	Charles Deng Acupuncture PC	97811	08/28/2012-09/10/2012	4	\$102.76
0257961391-07	M.P.	Charles Deng Acupuncture PC	97811	08/27/2012-10/08/2012	17	\$873.46
0257961391-07	M.P.	Charles Deng Acupuncture PC	99203	08/27/2012	1	\$80.00
0258075928-01	C.L.	Charles Deng Acupuncture PC	97810	09/10/2012-10/10/2012	9	\$270.00
0258075928-01	C.L.	Charles Deng Acupuncture PC	97811	09/10/2012-10/10/2012	9	\$231.21
0258075928-01	C.L.	Charles Deng Acupuncture PC	99203	09/10/2012	1	\$80.00
0258075928-01	C.L.	Charles Deng Acupuncture PC	97810	02/13/2013	1	\$30.00
0258075928-01	C.L.	Charles Deng Acupuncture PC	97811	02/13/2013	1	\$25.69
0258075928-01	C.L.	Charles Deng Acupuncture PC	97810	02/18/2013-02/28/2013	3	\$90.00
0258075928-01	C.L.	Charles Deng Acupuncture PC	97811	02/18/2013-02/28/2013	3	\$128.45
0258075928-01	C.L.	Charles Deng Acupuncture PC	99199	02/22/2013-02/28/2013	2	\$100.00
0258075928-01	C.L.	Charles Deng Acupuncture PC	97810	03/04/2013-03/06/2013	2	\$60.00
0258075928-01	C.L.	Charles Deng Acupuncture PC	99199	03/04/2013-03/06/2013	2	\$100.00
0258075928-01	C.L.	Charles Deng Acupuncture PC	97811	03/06/2013	1	\$25.69
0258075928-01	C.L.	Charles Deng Acupuncture PC	97810	04/02/2013-04/08/2013	2	\$60.00
0258075928-01	C.L.	Charles Deng Acupuncture PC	99199	04/02/2013-04/08/2013	2	\$100.00
0259040152-03	R.J.	Charles Deng Acupuncture PC	99203	09/21/2012	1	\$80.00
0259040152-03	R.J.	Charles Deng Acupuncture PC	97810	12/11/2012-01/14/2013	4	\$120.00
0259040152-03	R.J.	Charles Deng Acupuncture PC	97811	12/11/2012-01/14/2013	4	\$102.76
0259681756-03	T.P.	Charles Deng Acupuncture PC	97811	09/25/2012-10/08/2012	5	\$154.14
0259681756-03	T.P.	Charles Deng Acupuncture PC	99203	09/25/2012	1	\$80.00
0259681756-03	T.P.	Charles Deng Acupuncture PC	97811	10/15/2012-11/23/2012	9	\$462.42
0259681756-03	T.P.	Charles Deng Acupuncture PC	97811	12/14/2012-01/18/2013	7	\$179.83

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0259681756-03	T.P.	Charles Deng Acupuncture PC	97810	02/15/2013-02/28/2013	2	\$60.00
0259681756-03	T.P.	Charles Deng Acupuncture PC	97810	03/19/2013	1	\$30.00
0259681756-03	T.P.	Charles Deng Acupuncture PC	99199	03/19/2013	1	\$50.00
0259681756-03	T.P.	Charles Deng Acupuncture PC	97810	04/05/2013-04/09/2013	2	\$60.00
0259681756-03	T.P.	Charles Deng Acupuncture PC	99199	04/05/2013-04/09/2013	2	\$100.00
0259686599-03	V.C.	Charles Deng Acupuncture PC	97810	01/24/2013-02/12/2013	4	\$120.00
0259686599-03	V.C.	Charles Deng Acupuncture PC	97810	02/18/2013	1	\$30.00
0259686599-07	L.C.	Charles Deng Acupuncture PC	97810	01/24/2013-02/12/2013	4	\$120.00
0259686599-07	L.C.	Charles Deng Acupuncture PC	97811	01/24/2013-02/12/2013	4	\$102.76
0259686599-07	L.C.	Charles Deng Acupuncture PC	97810	02/18/2013	1	\$30.00
0259686599-07	L.C.	Charles Deng Acupuncture PC	97811	02/18/2013	1	\$25.69
0260066378-01	S.R.	Charles Deng Acupuncture PC	97810	10/12/2012-11/23/2012	13	\$390.00
0260066378-01	S.R.	Charles Deng Acupuncture PC	97811	10/12/2012-11/23/2012	13	\$333.97
0260066378-01	S.R.	Charles Deng Acupuncture PC	97810	12/17/2012-01/21/2013	9	\$270.00
0260066378-01	S.R.	Charles Deng Acupuncture PC	97811	12/17/2012-01/14/2013	6	\$154.14
0260066378-01	S.R.	Charles Deng Acupuncture PC	97810	01/25/2013-02/14/2013	7	\$210.00
0260066378-01	S.R.	Charles Deng Acupuncture PC	97811	02/04/2013-02/14/2013	4	\$102.76
0260066378-01	S.R.	Charles Deng Acupuncture PC	97810	02/20/2013-02/26/2013	3	\$90.00
0260066378-01	S.R.	Charles Deng Acupuncture PC	97811	02/20/2013	1	\$25.69
0260066378-01	S.R.	Charles Deng Acupuncture PC	99199	02/22/2013-02/26/2013	2	\$100.00
0260066378-05	F.C.	Charles Deng Acupuncture PC	97810	10/09/2012-11/23/2012	18	\$540.00
0260066378-05	F.C.	Charles Deng Acupuncture PC	97811	10/09/2012-11/23/2012	18	\$462.42
0260066378-05	F.C.	Charles Deng Acupuncture PC	97810	12/12/2012-01/18/2013	15	\$450.00
0260066378-05	F.C.	Charles Deng Acupuncture PC	97811	12/12/2012-01/18/2013	15	\$385.35
0260066378-05	F.C.	Charles Deng Acupuncture PC	97810	01/30/2013-02/13/2013	7	\$210.00
0260066378-05	F.C.	Charles Deng Acupuncture PC	97811	02/01/2013-02/13/2013	5	\$128.45
0260066378-05	F.C.	Charles Deng Acupuncture PC	97810	02/13/2013-02/27/2013	7	\$210.00
0260066378-05	F.C.	Charles Deng Acupuncture PC	97811	02/13/2013-02/20/2013	4	\$102.76
0260066378-05	F.C.	Charles Deng Acupuncture PC	99199	02/22/2013-02/27/2013	3	\$150.00
0261148811-03	E.C.	Charles Deng Acupuncture PC	97810	12/12/2012-01/16/2013	11	\$330.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0261148811-03	E.C.	Charles Deng Acupuncture PC	97811	12/12/2012-01/02/2013	6	\$154.14
0261148811-03	E.C.	Charles Deng Acupuncture PC	97810	01/24/2013-02/13/2013	7	\$210.00
0261148811-03	E.C.	Charles Deng Acupuncture PC	97810	02/18/2013-02/27/2013	4	\$120.00
0261148811-03	E.C.	Charles Deng Acupuncture PC	99199	02/20/2013-02/27/2013	3	\$150.00
0261148811-03	E.C.	Charles Deng Acupuncture PC	97810	03/04/2013-03/11/2013	2	\$60.00
0261148811-03	E.C.	Charles Deng Acupuncture PC	99199	03/04/2013-03/18/2013	3	\$150.00
0268725595-01	J.B.	Charles Deng Acupuncture PC	99199	02/21/2013-02/28/2013	5	\$250.00
0268725595-01	J.B.	Charles Deng Acupuncture PC	99199	03/05/2013-03/19/2013	4	\$200.00
0268725595-01	J.B.	Charles Deng Acupuncture PC	97810	03/21/2013-04/03/2013	3	\$90.00
0268725595-01	J.B.	Charles Deng Acupuncture PC	99199	03/21/2013-04/04/2013	5	\$250.00
0268725595-01	J.B.	Charles Deng Acupuncture PC	97810	04/10/2013	1	\$30.00
0268725595-01	J.B.	Charles Deng Acupuncture PC	99199	04/10/2013-04/15/2013	2	\$100.00
0268725595-04	N.A.	Charles Deng Acupuncture PC	99199	02/22/2013	1	\$50.00
0268725595-04	N.A.	Charles Deng Acupuncture PC	99199	03/05/2013-03/06/2013	2	\$100.00
0268725595-04	N.A.	Charles Deng Acupuncture PC	99199	03/22/2013-04/05/2013	4	\$200.00
0268725595-04	N.A.	Charles Deng Acupuncture PC	97810	04/10/2013-04/26/2013	8	\$240.00
0268725595-04	N.A.	Charles Deng Acupuncture PC	99199	04/10/2013-04/25/2013	6	\$300.00
0268725595-04	N.A.	Charles Deng Acupuncture PC	99199	07/19/2013-07/26/2013	4	\$200.00
0268725595-04	N.A.	Charles Deng Acupuncture PC	97810	07/26/2013	1	\$30.00
0268725595-04	N.A.	Charles Deng Acupuncture PC	97810	08/02/2013	1	\$30.00
0268725595-04	N.A.	Charles Deng Acupuncture PC	99199	08/02/2013	1	\$50.00
0268725595-06	D.P.	Charles Deng Acupuncture PC	99199	03/12/2013-03/18/2013	3	\$150.00
0268725595-06	D.P.	Charles Deng Acupuncture PC	97810	04/11/2013-04/24/2013	2	\$60.00
0268725595-06	D.P.	Charles Deng Acupuncture PC	97811	04/11/2013	1	\$25.69
0268725595-06	D.P.	Charles Deng Acupuncture PC	99199	04/11/2013-04/30/2013	5	\$250.00
0269624242-03	O.C.	Charles Deng Acupuncture PC	99203	12/12/2012	1	\$80.00
0280378084-12	C.G.	Charles Deng Acupuncture PC	99199	04/11/2013	1	\$50.00
0283577740-02	J.A.	Charles Deng Acupuncture PC	97810	04/22/2013-05/01/2013	5	\$150.00
0283577740-02	J.A.	Charles Deng Acupuncture PC	99199	04/22/2013-05/01/2013	5	\$250.00
0283577740-02	J.A.	Charles Deng Acupuncture PC	97810	05/10/2013-05/14/2013	3	\$90.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0283577740-02	J.A.	Charles Deng Acupuncture PC	99199	05/10/2013-05/20/2013	5	\$250.00
0283577740-02	J.A.	Charles Deng Acupuncture PC	97810	05/29/2013-06/11/2013	5	\$150.00
0283577740-02	J.A.	Charles Deng Acupuncture PC	99199	05/29/2013-06/11/2013	5	\$250.00
0283577740-02	J.A.	Charles Deng Acupuncture PC	99199	06/13/2013-06/28/2013	5	\$250.00
0283577740-03	M.M.	Charles Deng Acupuncture PC	97810	04/22/2013-05/01/2013	5	\$150.00
0283577740-03	M.M.	Charles Deng Acupuncture PC	99199	04/30/2013-05/01/2013	2	\$100.00
0283577740-03	M.M.	Charles Deng Acupuncture PC	97810	05/13/2013-05/20/2013	4	\$120.00
0283577740-03	M.M.	Charles Deng Acupuncture PC	99199	05/13/2013-05/20/2013	4	\$200.00
0283577740-03	M.M.	Charles Deng Acupuncture PC	97810	05/29/2013-06/05/2013	3	\$90.00
0283577740-03	M.M.	Charles Deng Acupuncture PC	99199	05/29/2013-06/11/2013	5	\$250.00
0284992970-03	A.F.	Charles Deng Acupuncture PC	97810	05/17/2013-06/06/2013	7	\$210.00
0284992970-03	A.F.	Charles Deng Acupuncture PC	99199	05/17/2013-06/06/2013	7	\$350.00
0284992970-03	A.F.	Charles Deng Acupuncture PC	99203	05/17/2013	1	\$80.00
0284992970-03	A.F.	Charles Deng Acupuncture PC	97810	06/12/2013-07/08/2013	7	\$210.00
0284992970-03	A.F.	Charles Deng Acupuncture PC	99199	06/12/2013-07/08/2013	7	\$350.00
0284992970-03	A.F.	Charles Deng Acupuncture PC	97810	07/12/2013-07/29/2013	4	\$120.00
0284992970-03	A.F.	Charles Deng Acupuncture PC	99199	07/12/2013-07/29/2013	4	\$200.00
0284992970-03	A.F.	Charles Deng Acupuncture PC	97810	08/05/2013-08/27/2013	6	\$180.00
0284992970-03	A.F.	Charles Deng Acupuncture PC	99199	08/05/2013-08/27/2013	7	\$350.00
0288265572-02	A.F.	Charles Deng Acupuncture PC	97810	05/17/2013-06/06/2013	7	\$210.00
0288265572-02	A.F.	Charles Deng Acupuncture PC	99199	05/17/2013-06/06/2013	7	\$350.00
0288265572-02	A.F.	Charles Deng Acupuncture PC	99203	05/17/2013	1	\$80.00
0288265572-02	A.F.	Charles Deng Acupuncture PC	97810	05/17/2013-06/06/2013	7	\$210.00
0288265572-02	A.F.	Charles Deng Acupuncture PC	99199	05/17/2013-06/06/2013	7	\$350.00
0288265572-02	A.F.	Charles Deng Acupuncture PC	99203	05/17/2013	1	\$80.00
0291301257-02	D.A.	Charles Deng Acupuncture PC	99199	06/21/2013-07/08/2013	7	\$350.00
0291301257-02	D.A.	Charles Deng Acupuncture PC	97810	06/28/2013-07/03/2013	3	\$90.00
0291301257-02	D.A.	Charles Deng Acupuncture PC	97811	07/01/2013	1	\$25.69
0291301257-02	D.A.	Charles Deng Acupuncture PC	99203	06/21/2013	1	\$80.00
0291301257-02	D.A.	Charles Deng Acupuncture PC	97810	07/11/2013	1	\$30.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0291301257-02	D.A.	Charles Deng Acupuncture PC	99199	07/11/2013-07/26/2013	7	\$350.00
0291301257-02	D.A.	Charles Deng Acupuncture PC	99199	08/02/2013-08/23/2013	8	\$400.00
0293324331-02	D.M.	Charles Deng Acupuncture PC	97810	08/28/2013-09/19/2013	5	\$150.00
0293324331-02	D.M.	Charles Deng Acupuncture PC	99199	08/28/2013-09/19/2013	7	\$350.00
0431774421-02	P.C.	Charles Deng Acupuncture PC	99199	02/14/2017-03/01/2017	6	\$300.00
0431774421-03	D.S.	Charles Deng Acupuncture PC	97810	02/22/2017	1	\$30.00
0431774421-03	D.S.	Charles Deng Acupuncture PC	99199	02/22/2017-03/03/2017	4	\$200.00
0431774421-05	M.T.	Charles Deng Acupuncture PC	99199	02/14/2017-03/06/2017	7	\$350.00
0446478414-02	B.M.	Charles Deng Acupuncture PC	99199	02/15/2017-03/20/2017	7	\$350.00
0446478414-02	B.M.	Charles Deng Acupuncture PC	99203	02/15/2017	1	\$54.73
4816996020-02	C.L.	Charles Deng Acupuncture PC	97810	02/08/2011	1	\$65.00
4816996020-02	C.L.	Charles Deng Acupuncture PC	99203	02/08/2011	1	\$80.00
4816996020-02	C.L.	Charles Deng Acupuncture PC	97810	03/09/2011-04/01/2011	3	\$195.00
Z6092458-051	B.R.	Charles Deng Acupuncture PC	97810	05/11/2011-06/01/2011	11	\$330.00
Z6092458-051	B.R.	Charles Deng Acupuncture PC	97811	05/11/2011-06/01/2011	11	\$282.59
Z6092458-051	B.R.	Charles Deng Acupuncture PC	97810	06/03/2011-07/12/2011	13	\$390.00
Z6092458-051	B.R.	Charles Deng Acupuncture PC	97811	06/03/2011-07/12/2011	13	\$333.97
Z6092458-051	B.R.	Charles Deng Acupuncture PC	97810	07/13/2011-08/19/2011	13	\$390.00
Z6092458-051	B.R.	Charles Deng Acupuncture PC	97811	07/13/2011-08/19/2011	13	\$333.97
Z6092458-061	C.T.	Charles Deng Acupuncture PC	97810	05/11/2011-06/01/2011	11	\$330.00
Z6092458-061	C.T.	Charles Deng Acupuncture PC	97811	05/11/2011-06/01/2011	11	\$565.18
Z6092458-061	C.T.	Charles Deng Acupuncture PC	99203	05/11/2011	1	\$80.00
Z6092458-061	C.T.	Charles Deng Acupuncture PC	97810	06/03/2011-07/13/2011	11	\$330.00
Z6092458-061	C.T.	Charles Deng Acupuncture PC	97811	06/03/2011-07/13/2011	11	\$565.18
Z6092458-061	C.T.	Charles Deng Acupuncture PC	97810	07/15/2011-08/17/2011	7	\$210.00
Z6092458-061	C.T.	Charles Deng Acupuncture PC	97811	07/15/2011-08/17/2011	7	\$359.66
0283577740-02	J.A.	Charles Deng L.Ac.	99199	08/28/2013-09/30/2013	4	\$200.00
0284992970-03	A.F.	Charles Deng L.Ac.	97810	09/03/2013-09/27/2013	10	\$300.00
0284992970-03	A.F.	Charles Deng L.Ac.	99199	09/03/2013-09/27/2013	11	\$550.00
0284992970-03	A.F.	Charles Deng L.Ac.	97810	10/16/2013	1	\$30.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0284992970-03	A.F.	Charles Deng L.Ac.	99199	10/16/2013	1	\$50.00
0293324331-02	D.M.	Charles Deng L.Ac.	97810	10/04/2013-10/17/2013	3	\$90.00
0293324331-02	D.M.	Charles Deng L.Ac.	99199	10/04/2013-10/17/2013	3	\$150.00
0293324331-02	D.M.	Charles Deng L.Ac.	99199	10/23/2013-10/28/2013	3	\$150.00
0293324331-02	D.M.	Charles Deng L.Ac.	99199	11/13/2013-12/12/2013	7	\$300.00
0293324331-02	D.M.	Charles Deng L.Ac.	97810	11/14/2013-12/12/2013	3	\$90.00
0293324331-02	D.M.	Charles Deng L.Ac.	97810	12/18/2013	1	\$30.00
0293324331-02	D.M.	Charles Deng L.Ac.	99199	12/19/2013-12/26/2013	2	\$100.00
0293324331-02	D.M.	Charles Deng L.Ac.	99199	01/08/2014	1	\$50.00
0293324331-02	D.M.	Charles Deng L.Ac.	97810	01/13/2014	1	\$30.00
0299083659-01	M.Y.	Charles Deng L.Ac.	99199	09/19/2013-09/25/2013	4	\$200.00
0299083659-01	M.Y.	Charles Deng L.Ac.	99203	09/19/2013	1	\$54.73
0299083659-01	M.Y.	Charles Deng L.Ac.	99199	10/02/2013-10/21/2013	10	\$500.00
0299083659-01	M.Y.	Charles Deng L.Ac.	99199	10/23/2013-11/08/2013	7	\$350.00
0299083659-01	M.Y.	Charles Deng L.Ac.	99199	11/12/2013-12/12/2013	3	\$150.00
0299083659-01	M.Y.	Charles Deng L.Ac.	99199	12/16/2013	1	\$50.00
0299083659-01	M.Y.	Charles Deng L.Ac.	97810	01/08/2014-01/13/2014	2	\$60.00
0299083659-01	M.Y.	Charles Deng L.Ac.	99199	01/08/2014-01/13/2014	2	\$100.00
0299083659-01	M.Y.	Charles Deng L.Ac.	97810	02/24/2014	1	\$30.00
0299083659-01	M.Y.	Charles Deng L.Ac.	99199	02/24/2014	1	\$50.00
0302803937-05	B.S.	Charles Deng L.Ac.	99199	10/24/2013-11/11/2013	9	\$450.00
0302803937-05	B.S.	Charles Deng L.Ac.	99203	10/24/2013	1	\$54.73
0302803937-05	B.S.	Charles Deng L.Ac.	99199	11/12/2013-12/09/2013	11	\$800.00
0302803937-05	B.S.	Charles Deng L.Ac.	99199	12/23/2013-01/02/2014	4	\$200.00
0302803937-05	B.S.	Charles Deng L.Ac.	99199	01/07/2014-01/30/2014	7	\$350.00
0305061376-02	A.V.	Charles Deng L.Ac.	97810	12/05/2013	1	\$30.00
0305061376-02	A.V.	Charles Deng L.Ac.	99199	12/05/2013-01/06/2014	7	\$400.00
0305061376-02	A.V.	Charles Deng L.Ac.	97810	01/09/2014-02/04/2014	4	\$120.00
0305061376-02	A.V.	Charles Deng L.Ac.	99199	01/10/2014-02/04/2014	8	\$400.00
0305061376-02	A.V.	Charles Deng L.Ac.	97810	02/19/2014	1	\$30.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0305061376-02	A.V.	Charles Deng L.Ac.	99199	02/19/2014	1	\$50.00
0305061376-02	A.V.	Charles Deng L.Ac.	97810	02/27/2014-03/10/2014	5	\$150.00
0305061376-02	A.V.	Charles Deng L.Ac.	99199	02/27/2014-03/10/2014	5	\$250.00
0305061376-02	A.V.	Charles Deng L.Ac.	99199	03/11/2014-04/02/2014	5	\$250.00
0305061376-02	A.V.	Charles Deng L.Ac.	99199	04/09/2014-04/22/2014	5	\$2,500.00
0305061376-02	A.V.	Charles Deng L.Ac.	99199	05/06/2014-05/21/2014	5	\$250.00
0305061376-02	A.V.	Charles Deng L.Ac.	97810	05/20/2014	1	\$30.00
0305061376-02	A.V.	Charles Deng L.Ac.	99199	06/02/2014-06/04/2014	3	\$200.00
0305061376-02	A.V.	Charles Deng L.Ac.	99199	06/24/2014	1	\$50.00
0315420661-01	W.T.	Charles Deng L.Ac.	97810	01/29/2014-02/24/2014	9	\$270.00
0315420661-01	W.T.	Charles Deng L.Ac.	99199	01/29/2014-02/24/2014	11	\$550.00
0315420661-01	W.T.	Charles Deng L.Ac.	99203	01/29/2014	1	\$54.73
0315420661-01	W.T.	Charles Deng L.Ac.	97810	02/26/2014-03/10/2014	3	\$90.00
0315420661-01	W.T.	Charles Deng L.Ac.	99199	02/26/2014-03/10/2014	3	\$150.00
0315420661-01	W.T.	Charles Deng L.Ac.	97810	03/17/2014-04/07/2014	7	\$210.00
0315420661-01	W.T.	Charles Deng L.Ac.	99199	03/17/2014-04/07/2014	7	\$350.00
0315420661-01	W.T.	Charles Deng L.Ac.	97810	04/09/2014-04/16/2014	2	\$60.00
0315420661-01	W.T.	Charles Deng L.Ac.	99199	04/28/2014	1	\$50.00
0315420661-01	W.T.	Charles Deng L.Ac.	99199	05/06/2014-05/23/2014	6	\$300.00
0315420661-01	W.T.	Charles Deng L.Ac.	99199	05/28/2014-06/10/2014	5	\$2.50
0315420661-01	W.T.	Charles Deng L.Ac.	99199	06/04/2014-06/10/2014	4	\$200.00
0315420661-01	W.T.	Charles Deng L.Ac.	97810	07/16/2014-08/08/2014	4	\$120.00
0315420661-01	W.T.	Charles Deng L.Ac.	99199	07/16/2014-08/08/2014	4	\$200.00
0315420661-01	W.T.	Charles Deng L.Ac.	99199	09/15/2014-10/02/2014	3	\$150.00
0315420661-01	W.T.	Charles Deng L.Ac.	97810	10/15/2014-10/24/2014	2	\$60.00
0315420661-01	W.T.	Charles Deng L.Ac.	99199	10/15/2014-11/06/2014	2	\$100.00
0315420661-01	W.T.	Charles Deng L.Ac.	99199	02/25/2015-03/09/2015	2	\$100.00
0315420661-02	L.S.	Charles Deng L.Ac.	99199	04/09/2014-04/28/2014	4	\$200.00
0315420661-02	L.S.	Charles Deng L.Ac.	99199	06/19/2014	1	\$50.00
0315420661-02	L.S.	Charles Deng L.Ac.	99199	07/15/2014-08/08/2014	5	\$250.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0315420661-02	L.S.	Charles Deng L.Ac.	99199	09/15/2014-10/02/2014	3	\$150.00
0315420661-02	L.S.	Charles Deng L.Ac.	97810	10/02/2014	1	\$30.00
0315420661-02	L.S.	Charles Deng L.Ac.	99199	10/15/2014-11/06/2014	4	\$200.00
0319843156-02	J.P.	Charles Deng L.Ac.	97810	03/28/2014-04/04/2014	2	\$60.00
0319843156-02	J.P.	Charles Deng L.Ac.	97810	04/25/2014	1	\$30.00
0319843156-02	J.P.	Charles Deng L.Ac.	99199	05/09/2014-05/28/2014	5	\$250.00
0319843156-02	J.P.	Charles Deng L.Ac.	99199	06/03/2014-06/09/2014	3	\$150.00
0319843156-02	J.P.	Charles Deng L.Ac.	99199	06/13/2014-07/07/2014	5	\$250.00
0319843156-02	J.P.	Charles Deng L.Ac.	99199	07/14/2014-08/20/2014	9	\$450.00
0319843156-02	J.P.	Charles Deng L.Ac.	99199	08/28/2014-09/02/2014	2	\$100.00
0324099315-01	J.G.	Charles Deng L.Ac.	99199	06/19/2014-07/07/2014	5	\$250.00
0324099315-01	J.G.	Charles Deng L.Ac.	99199	06/19/2014-07/07/2014	5	\$250.00
0324099315-01	J.G.	Charles Deng L.Ac.	97810	07/07/2014	1	\$30.00
0324099315-01	J.G.	Charles Deng L.Ac.	97810	10/13/2014-10/15/2014	3	\$90.00
0324099315-01	J.G.	Charles Deng L.Ac.	99199	10/13/2014-11/05/2014	10	\$500.00
0324099315-01	J.G.	Charles Deng L.Ac.	99199	11/17/2014	1	\$50.00
0326267416-02	R.F.	Charles Deng L.Ac.	99199	05/14/2014-05/19/2014	3	\$150.00
0326267416-02	R.F.	Charles Deng L.Ac.	99203	05/14/2014	1	\$54.73
0326267416-02	R.F.	Charles Deng L.Ac.	97810	05/16/2014-05/19/2014	2	\$60.00
0326267416-02	R.F.	Charles Deng L.Ac.	99199	06/02/2014-06/13/2014	3	\$150.00
0326267416-02	R.F.	Charles Deng L.Ac.	97810	06/04/2014	1	\$30.00
0326267416-02	R.F.	Charles Deng L.Ac.	99199	06/19/2014-07/01/2014	4	\$200.00
0326267416-02	R.F.	Charles Deng L.Ac.	99199	07/14/2014	1	\$50.00
0333596995-01	M.J.	Charles Deng L.Ac.	99199	11/12/2014-12/01/2014	4	\$200.00
0333596995-01	M.J.	Charles Deng L.Ac.	99199	10/13/2014-11/10/2014	11	\$550.00
0333596995-01	M.J.	Charles Deng L.Ac.	97810	10/15/2014-11/10/2014	6	\$180.00
0333596995-01	M.J.	Charles Deng L.Ac.	99199	08/04/2014-08/29/2014	10	\$500.00
0333596995-01	M.J.	Charles Deng L.Ac.	99203	08/04/2014	1	\$54.73
0333596995-01	M.J.	Charles Deng L.Ac.	97810	09/15/2014-10/03/2014	5	\$150.00
0333596995-01	M.J.	Charles Deng L.Ac.	99199	09/16/2014-10/06/2014	10	\$500.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0333596995-01	M.J.	Charles Deng L.Ac.	99199	11/12/2014-12/01/2014	4	\$200.00
0340022847-01	J.M.	Charles Deng L.Ac.	97810	12/22/2014-01/22/2015	8	\$240.00
0340022847-01	J.M.	Charles Deng L.Ac.	99199	12/22/2014-01/22/2015	13	\$650.00
0340022847-01	J.M.	Charles Deng L.Ac.	97810	02/02/2015-02/10/2015	2	\$60.00
0340022847-01	J.M.	Charles Deng L.Ac.	99199	02/02/2015-02/16/2015	4	\$200.00
0340022847-01	J.M.	Charles Deng L.Ac.	99199	02/18/2015	1	\$50.00
0342499539-01	J.R.	Charles Deng L.Ac.	99199	10/15/2014-11/07/2014	6	\$300.00
0342499539-01	J.R.	Charles Deng L.Ac.	99199	12/26/2014-01/20/2015	8	\$400.00
0342499539-01	J.R.	Charles Deng L.Ac.	99199	01/30/2015-02/04/2015	4	\$200.00
0342499539-01	J.R.	Charles Deng L.Ac.	99199	04/13/2015-05/04/2015	6	\$300.00
0342499539-01	J.R.	Charles Deng L.Ac.	99199	05/18/2015-06/01/2015	3	\$150.00
0342499539-01	J.R.	Charles Deng L.Ac.	99199	06/15/2015-07/13/2015	3	\$150.00
0342499539-01	J.R.	Charles Deng L.Ac.	99199	07/21/2015-07/27/2015	2	\$100.00
0342499539-01	J.R.	Charles Deng L.Ac.	97810	07/27/2015	1	\$32.87
0342499539-01	J.R.	Charles Deng L.Ac.	99199	09/01/2015-09/15/2015	2	\$100.00
0374512275-02	B.S.	Charles Deng L.Ac.	99199	07/22/2015-07/30/2015	3	\$150.00
0374512275-02	B.S.	Charles Deng L.Ac.	99199	08/05/2015-08/24/2015	4	\$200.00
0374512275-02	B.S.	Charles Deng L.Ac.	99199	09/22/2015-10/16/2015	4	\$200.00
0374512275-02	B.S.	Charles Deng L.Ac.	97810	10/12/2015	1	\$30.00
0374512275-02	B.S.	Charles Deng L.Ac.	99199	10/19/2015-10/27/2015	2	\$100.00
0374512275-02	B.S.	Charles Deng L.Ac.	99199	12/03/2015-12/15/2015	2	\$100.00
0374512275-03	Z.S.	Charles Deng L.Ac.	99199	06/29/2015-07/30/2015	12	\$600.00
0374512275-03	Z.S.	Charles Deng L.Ac.	97810	06/29/2015-07/14/2015	7	\$230.09
0374512275-03	Z.S.	Charles Deng L.Ac.	99199	06/29/2015-07/30/2015	12	\$600.00
0374512275-03	Z.S.	Charles Deng L.Ac.	99203	06/29/2015	1	\$80.00
0374512275-03	Z.S.	Charles Deng L.Ac.	97810	08/05/2015-08/06/2015	2	\$65.74
0374512275-03	Z.S.	Charles Deng L.Ac.	99199	08/05/2015-08/27/2015	5	\$250.00
0374512275-03	Z.S.	Charles Deng L.Ac.	99199	09/22/2015-10/16/2015	4	\$200.00
0374512275-03	Z.S.	Charles Deng L.Ac.	99199	10/19/2015-10/27/2015	2	\$100.00
0374512275-03	Z.S.	Charles Deng L.Ac.	99199	12/03/2015-12/15/2015	2	\$100.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0374512275-03	Z.S.	Charles Deng L.Ac.	99199	12/28/2015	1	\$50.00
0374553048-02	E.F.	Charles Deng L.Ac.	99199	10/07/2015-10/16/2015	3	\$200.00
0374553048-02	E.F.	Charles Deng L.Ac.	99199	10/20/2015-11/17/2015	6	\$300.00
0374553048-02	E.F.	Charles Deng L.Ac.	99199	11/24/2015-12/10/2015	5	\$250.00
0380809228-02	C.A.	Charles Deng L.Ac.	97810	08/18/2015-08/25/2015	3	\$90.00
0380809228-02	C.A.	Charles Deng L.Ac.	99199	08/18/2015-09/10/2015	11	\$550.00
0380809228-02	C.A.	Charles Deng L.Ac.	99203	08/18/2015	1	\$54.73
0380809228-02	C.A.	Charles Deng L.Ac.	97810	09/24/2015-10/15/2015	4	\$120.00
0380809228-02	C.A.	Charles Deng L.Ac.	99199	09/24/2015-10/15/2015	10	\$500.00
0380809228-02	C.A.	Charles Deng L.Ac.	99199	10/28/2015-11/09/2015	4	\$200.00
0380809228-02	C.A.	Charles Deng L.Ac.	97810	11/24/2015-12/07/2015	2	\$60.00
0380809228-02	C.A.	Charles Deng L.Ac.	97810	12/12/2015	1	\$30.00
0380809228-05	T.T.	Charles Deng L.Ac.	97810	08/17/2015-08/28/2015	4	\$131.48
0380809228-05	T.T.	Charles Deng L.Ac.	99199	08/17/2015-08/28/2015	5	\$250.00
0380809228-05	T.T.	Charles Deng L.Ac.	99203	08/17/2015	1	\$54.73
0380809228-05	T.T.	Charles Deng L.Ac.	97810	08/17/2015-08/28/2015	4	\$131.48
0380809228-05	T.T.	Charles Deng L.Ac.	99199	08/17/2015-08/28/2015	5	\$250.00
0380809228-05	T.T.	Charles Deng L.Ac.	99203	08/17/2015	1	\$54.73
0380809228-05	T.T.	Charles Deng L.Ac.	97810	08/31/2015-09/11/2015	4	\$120.00
0380809228-05	T.T.	Charles Deng L.Ac.	99199	08/31/2015-09/18/2015	7	\$350.00
0380809228-05	T.T.	Charles Deng L.Ac.	99199	09/28/2015-10/15/2015	4	\$200.00
0380809228-05	T.T.	Charles Deng L.Ac.	99199	10/20/2015-11/19/2015	4	\$200.00
0380809228-06	C.D.	Charles Deng L.Ac.	99199	08/17/2015	1	\$50.00
0380809228-06	C.D.	Charles Deng L.Ac.	99203	08/17/2015	1	\$54.73
0380809228-07	B.G.	Charles Deng L.Ac.	99199	08/17/2015-08/28/2015	4	\$200.00
0380809228-07	B.G.	Charles Deng L.Ac.	99203	08/17/2015	1	\$54.73
0380809228-07	B.G.	Charles Deng L.Ac.	97810	08/19/2015-08/28/2015	3	\$98.61
0380809228-07	B.G.	Charles Deng L.Ac.	99199	08/31/2015-09/16/2015	4	\$200.00
0380809228-07	B.G.	Charles Deng L.Ac.	97810	09/14/2015	1	\$30.00
0380809228-07	B.G.	Charles Deng L.Ac.	97810	09/22/2015-09/25/2015	2	\$60.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0380809228-07	B.G.	Charles Deng L.Ac.	99199	09/22/2015-10/15/2015	5	\$250.00
0380809228-07	B.G.	Charles Deng L.Ac.	99199	10/29/2015-11/02/2015	2	\$100.00
0380809228-07	B.G.	Charles Deng L.Ac.	MM043	11/02/2015	1	\$30.00
0380809228-07	B.G.	Charles Deng L.Ac.	99199	11/23/2015-12/16/2015	3	\$150.00
0380809228-07	B.G.	Charles Deng L.Ac.	99199	01/04/2016	1	\$50.00
0380809228-07	B.G.	Charles Deng L.Ac.	99199	01/28/2016-02/03/2016	2	\$100.00
0380809228-07	B.G.	Charles Deng L.Ac.	99199	03/28/2016-03/29/2016	2	\$100.00
0398385996-02	F.P.	Charles Deng L.Ac.	99199	01/11/2016-03/14/2016	23	\$1,200.00
0398385996-02	F.P.	Charles Deng L.Ac.	99203	01/11/2016	1	\$54.73
0411304496-01	I.L.	Charles Deng L.Ac.	97781	07/13/2016-08/03/2016	6	\$321.42
0411304496-01	I.L.	Charles Deng L.Ac.	99199	07/13/2016-07/27/2016	5	\$250.00
0411304496-01	I.L.	Charles Deng L.Ac.	97781	08/04/2016-08/05/2016	2	\$107.14
0411304496-01	I.L.	Charles Deng L.Ac.	99199	08/04/2016-08/05/2016	2	\$100.00
0411304496-01	I.L.	Charles Deng L.Ac.	99199	09/07/2016-10/21/2016	6	\$300.00
0411304496-01	I.L.	Charles Deng L.Ac.	99199	11/02/2016	1	\$50.00
0411304496-01	I.L.	Charles Deng L.Ac.	99199	12/01/2016	1	\$50.00
0411304496-01	I.L.	Charles Deng L.Ac.	99199	01/11/2017-01/13/2017	3	\$150.00
0411304496-01	I.L.	Charles Deng L.Ac.	99199	01/26/2017	1	\$50.00
0411304496-02	J.L.	Charles Deng L.Ac.	97810	10/19/2016	1	\$30.00
0411304496-02	J.L.	Charles Deng L.Ac.	99199	10/20/2016-10/21/2016	2	\$100.00
0411304496-02	J.L.	Charles Deng L.Ac.	99199	11/02/2016	1	\$50.00
0411304496-02	J.L.	Charles Deng L.Ac.	99199	12/01/2016	1	\$50.00
0411304496-02	J.L.	Charles Deng L.Ac.	99199	01/11/2017-01/13/2017	3	\$150.00
0411304496-02	J.L.	Charles Deng L.Ac.	97810	01/26/2017	1	\$30.00
0411304496-02	J.L.	Charles Deng L.Ac.	99199	01/26/2017	1	\$50.00
0431774421-02	P.C.	Charles Deng L.Ac.	99199	10/07/2016-10/25/2016	9	\$450.00
0431774421-02	P.C.	Charles Deng L.Ac.	99199	11/02/2016-11/23/2016	4	\$2,000.00
0431774421-02	P.C.	Charles Deng L.Ac.	99199	11/28/2016-12/21/2016	8	\$400.00
0431774421-02	P.C.	Charles Deng L.Ac.	99199	12/28/2016-01/23/2017	7	\$350.00
0431774421-02	P.C.	Charles Deng L.Ac.	99199	01/24/2017-02/13/2017	8	\$400.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0431774421-03	D.S.	Charles Deng L.Ac.	99199	10/10/2016-10/25/2016	7	\$350.00
0431774421-03	D.S.	Charles Deng L.Ac.	99199	12/01/2016-12/21/2016	7	\$350.00
0431774421-03	D.S.	Charles Deng L.Ac.	99199	12/27/2016-01/23/2017	7	\$350.00
0431774421-03	D.S.	Charles Deng L.Ac.	97810	01/24/2017-01/31/2017	4	\$120.00
0431774421-03	D.S.	Charles Deng L.Ac.	99199	01/24/2017-02/14/2017	6	\$300.00
0431774421-04	M.J.	Charles Deng L.Ac.	99199	10/07/2016-10/25/2016	8	\$400.00
0431774421-04	M.J.	Charles Deng L.Ac.	99199	11/30/2016-12/27/2016	8	\$400.00
0431774421-04	M.J.	Charles Deng L.Ac.	99199	12/28/2016-01/23/2017	8	\$400.00
0431774421-05	M.T.	Charles Deng L.Ac.	99199	10/07/2016-10/25/2016	9	\$450.00
0431774421-05	M.T.	Charles Deng L.Ac.	99199	12/28/2016-01/23/2017	5	\$250.00
0431774421-05	M.T.	Charles Deng L.Ac.	99199	01/25/2017-02/13/2017	7	\$350.00
0434546750-11	E.I.	Charles Deng L.Ac.	99199	12/19/2016-01/13/2017	2	\$100.00
0434546750-11	E.I.	Charles Deng L.Ac.	99199	01/26/2017	1	\$50.00
0436499486-02	S.M.	Charles Deng L.Ac.	97781	11/28/2016	1	\$53.57
0436499486-02	S.M.	Charles Deng L.Ac.	99199	01/03/2017-01/20/2017	4	\$200.00
0436499486-02	S.M.	Charles Deng L.Ac.	97781	01/04/2017	1	\$53.57
0247042302-01	B.B.	Darren Mollo DC	95999	06/15/2012	1	\$1,314.00
0283577740-02	J.A.	Darren Mollo DC	98941	09/03/2013	1	\$34.68
0283577740-02	J.A.	Darren Mollo DC	98941	09/30/2013	1	\$34.68
0284992970-03	A.F.	Darren Mollo DC	98941	09/03/2013-09/18/2013	6	\$208.08
0284992970-03	A.F.	Darren Mollo DC	98941	09/26/2013-09/30/2013	3	\$104.04
0291301257-02	D.A.	Darren Mollo DC	98940	10/08/2013	1	\$26.41
0293324331-02	D.M.	Darren Mollo DC	98941	10/04/2013-10/11/2013	2	\$69.36
0293324331-02	D.M.	Darren Mollo DC	99212	10/04/2013	1	\$26.41
0293324331-02	D.M.	Darren Mollo DC	98941	10/17/2013-10/24/2013	3	\$104.04
0293324331-02	D.M.	Darren Mollo DC	98941	11/13/2013-11/26/2013	2	\$69.36
0293324331-02	D.M.	Darren Mollo DC	98941	12/12/2013	1	\$34.68
0293324331-02	D.M.	Darren Mollo DC	98940	12/18/2013	1	\$26.41
0296244239-02	B.H.	Darren Mollo DC	98941	01/10/2014	1	\$34.68
0296244239-02	B.H.	Darren Mollo DC	98941	02/06/2014-02/07/2014	2	\$69.36

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0299083659-01	M.Y.	Darren Mollo DC	98941	01/08/2014	1	\$34.68
0299083659-01	M.Y.	Darren Mollo DC	98940	01/13/2014-01/27/2014	2	\$52.82
0299585850-02	L.G.	Darren Mollo DC	98940	01/10/2014-01/15/2014	2	\$52.82
0299585850-02	L.G.	Darren Mollo DC	98941	01/23/2014-01/28/2014	2	\$69.36
0299585850-02	L.G.	Darren Mollo DC	98941	02/18/2014	1	\$34.68
0299585850-02	L.G.	Darren Mollo DC	98941	03/20/2014	1	\$34.68
0299585850-02	L.G.	Darren Mollo DC	98940	03/25/2014-04/02/2014	2	\$52.82
0305061376-02	A.V.	Darren Mollo DC	99203	11/01/2013	1	\$54.74
0305061376-02	A.V.	Darren Mollo DC	98940	11/04/2013-11/05/2013	2	\$52.82
0305061376-02	A.V.	Darren Mollo DC	98941	11/11/2013-12/04/2013	6	\$208.08
0305061376-02	A.V.	Darren Mollo DC	98941	12/05/2013-12/24/2013	3	\$104.04
0305061376-02	A.V.	Darren Mollo DC	99212	12/05/2013	1	\$26.41
0305061376-02	A.V.	Darren Mollo DC	98940	12/18/2013	1	\$26.41
0305061376-02	A.V.	Darren Mollo DC	98941	01/09/2014-01/22/2014	3	\$104.04
0305061376-02	A.V.	Darren Mollo DC	98941	04/01/2014	1	\$34.68
0305061376-02	A.V.	Darren Mollo DC	98941	04/16/2014-04/22/2014	2	\$69.36
0305061376-02	A.V.	Darren Mollo DC	99212	04/22/2014	1	\$26.41
0305061376-02	A.V.	Darren Mollo DC	98941	06/24/2014	1	\$34.68
0315420661-01	W.T.	Darren Mollo DC	98941	01/29/2014-02/19/2014	9	\$312.12
0315420661-01	W.T.	Darren Mollo DC	99203	01/29/2014	1	\$54.74
0315420661-01	W.T.	Darren Mollo DC	98941	02/24/2014-03/12/2014	5	\$173.40
0315420661-01	W.T.	Darren Mollo DC	98940	03/04/2014	1	\$26.41
0315420661-01	W.T.	Darren Mollo DC	98941	03/17/2014-04/01/2014	6	\$208.08
0315420661-01	W.T.	Darren Mollo DC	98941	04/04/2014-04/29/2014	8	\$312.12
0315420661-01	W.T.	Darren Mollo DC	99212	04/16/2014	1	\$26.41
0315420661-01	W.T.	Darren Mollo DC	98941	05/15/2014-05/22/2014	3	\$104.04
0315420661-01	W.T.	Darren Mollo DC	98941	06/05/2014-06/10/2014	2	\$69.36
0315420661-01	W.T.	Darren Mollo DC	98941	06/19/2014	1	\$34.68
0315420661-01	W.T.	Darren Mollo DC	98941	07/17/2014-08/07/2014	2	\$69.36
0315420661-01	W.T.	Darren Mollo DC	98941	09/04/2014-09/15/2014	2	\$69.36

<p><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p>Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0315420661-01	W.T.	Darren Mollo DC	98941	11/06/2014	1	\$34.68
0315420661-01	W.T.	Darren Mollo DC	98941	03/04/2015	1	\$34.68
0315420661-02	L.S.	Darren Mollo DC	98941	05/15/2014-05/22/2014	3	\$104.04
0315420661-02	L.S.	Darren Mollo DC	98941	06/05/2014-06/10/2014	2	\$69.36
0315420661-02	L.S.	Darren Mollo DC	98941	10/17/2014-11/06/2014	3	\$104.04
0315420661-02	L.S.	Darren Mollo DC	98940	02/25/2015	1	\$26.41
0315420661-02	L.S.	Darren Mollo DC	99212	02/25/2015	1	\$26.41
0315420661-02	L.S.	Darren Mollo DC	98941	03/04/2015	1	\$34.68
0319843156-02	J.P.	Darren Mollo DC	99203	03/28/2014	1	\$54.74
0319843156-02	J.P.	Darren Mollo DC	98941	07/03/2014	1	\$34.68
0319843156-02	J.P.	Darren Mollo DC	98940	07/10/2014	1	\$26.41
0319843156-02	J.P.	Darren Mollo DC	98941	08/14/2014-09/02/2014	2	\$69.36
0319843156-02	J.P.	Darren Mollo DC	99212	08/14/2014	1	\$26.41
0326267416-02	R.F.	Darren Mollo DC	98941	05/29/2014-06/12/2014	2	\$69.36
0326267416-02	R.F.	Darren Mollo DC	99203	05/29/2014	1	\$54.74
0326267416-02	R.F.	Darren Mollo DC	98941	06/26/2014-07/01/2014	2	\$69.36
0333596995-01	M.J.	Darren Mollo DC	98941	08/11/2014	1	\$34.68
0333596995-01	M.J.	Darren Mollo DC	98941	11/14/2014-11/19/2014	2	\$69.36
0333596995-01	M.J.	Darren Mollo DC	98941	09/22/2014-10/13/2014	3	\$104.04
0333596995-01	M.J.	Darren Mollo DC	99212	10/13/2014	1	\$26.41
0333596995-01	M.J.	Darren Mollo DC	98940	10/17/2014	1	\$26.41
0333596995-01	M.J.	Darren Mollo DC	98941	10/29/2014-11/07/2014	2	\$69.36
0340022847-01	J.M.	Darren Mollo DC	98941	12/26/2014-01/21/2015	7	\$242.76
0340022847-01	J.M.	Darren Mollo DC	99212	02/02/2015-02/18/2015	2	\$52.82
0340022847-01	J.M.	Darren Mollo DC	98941	02/06/2015-02/18/2015	4	\$138.72
0342499539-01	J.R.	Darren Mollo DC	98941	04/20/2015-05/04/2015	4	\$138.72
0342499539-01	J.R.	Darren Mollo DC	98941	06/08/2015-06/29/2015	4	\$138.72
0342499539-01	J.R.	Darren Mollo DC	98941	07/13/2015-07/27/2015	3	\$104.04
0374512275-02	B.S.	Darren Mollo DC	98940	10/05/2015	1	\$26.41
0380809228-02	C.A.	Darren Mollo DC	99203	08/19/2015	1	\$54.74

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0380809228-02	C.A.	Darren Mollo DC	98941	09/09/2015-10/05/2015	4	\$138.72
0380809228-05	T.T.	Darren Mollo DC	99203	08/31/2015	1	\$54.74
0380809228-05	T.T.	Darren Mollo DC	98941	09/02/2015-10/05/2015	8	\$277.44
0380809228-06	C.D.	Darren Mollo DC	99203	08/17/2015	1	\$54.74
0380809228-06	C.D.	Darren Mollo DC	98941	08/26/2015	1	\$34.68
0380809228-06	C.D.	Darren Mollo DC	98941	09/25/2015	1	\$34.68
0380809228-07	B.G.	Darren Mollo DC	99203	08/19/2015	1	\$989.41
0380809228-07	B.G.	Darren Mollo DC	98941	08/21/2015-09/02/2015	4	\$138.72
0380809228-07	B.G.	Darren Mollo DC	98941	09/16/2015	1	\$104.04
0374512275-02	B.S.	Energy Chiropractic PC	98941	01/04/2017	1	\$34.68
0374512275-02	B.S.	Energy Chiropractic PC	99212	01/04/2017	1	\$26.41
0411304496-01	I.L.	Energy Chiropractic PC	98941	11/02/2016	1	\$34.68
0411304496-01	I.L.	Energy Chiropractic PC	99212	11/02/2016	1	\$26.41
0411304496-01	I.L.	Energy Chiropractic PC	98941	12/02/2016	1	\$34.68
0411304496-01	I.L.	Energy Chiropractic PC	98941	01/11/2017-01/27/2017	5	\$173.40
0411304496-02	J.L.	Energy Chiropractic PC	98941	11/02/2016	1	\$34.68
0411304496-02	J.L.	Energy Chiropractic PC	99212	11/02/2016	1	\$26.41
0411304496-02	J.L.	Energy Chiropractic PC	98941	12/02/2016	1	\$34.68
0411304496-02	J.L.	Energy Chiropractic PC	98941	01/11/2017-01/27/2017	5	\$173.40
0431774421-01	J.C.	Energy Chiropractic PC	98941	02/15/2017-02/23/2017	3	\$104.04
0431774421-01	J.C.	Energy Chiropractic PC	98941	02/27/2017-03/09/2017	3	\$104.04
0431774421-01	J.C.	Energy Chiropractic PC	98941	05/30/2017-06/09/2017	5	\$173.40
0431774421-01	J.C.	Energy Chiropractic PC	99212	05/30/2017	1	\$26.41
0431774421-01	J.C.	Energy Chiropractic PC	98941	06/20/2017-07/05/2017	6	\$208.08
0431774421-01	J.C.	Energy Chiropractic PC	98941	07/12/2017-07/25/2017	3	\$104.04
0431774421-01	J.C.	Energy Chiropractic PC	98941	08/01/2017	1	\$34.68
0431774421-01	J.C.	Energy Chiropractic PC	98941	08/31/2017-09/12/2017	2	\$69.36
0431774421-02	P.C.	Energy Chiropractic PC	98941	01/09/2017-02/06/2017	6	\$208.08
0431774421-02	P.C.	Energy Chiropractic PC	98940	01/19/2017	1	\$26.41
0431774421-02	P.C.	Energy Chiropractic PC	98941	02/13/2017-02/22/2017	2	\$69.36

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0431774421-02	P.C.	Energy Chiropractic PC	98941	02/27/2017-03/15/2017	4	\$138.72
0431774421-02	P.C.	Energy Chiropractic PC	99212	03/06/2017	1	\$26.41
0431774421-02	P.C.	Energy Chiropractic PC	98940	03/08/2017	1	\$26.41
0431774421-02	P.C.	Energy Chiropractic PC	98941	03/29/2017-04/05/2017	2	\$69.36
0431774421-03	D.S.	Energy Chiropractic PC	98941	02/13/2017-02/24/2017	3	\$104.04
0431774421-03	D.S.	Energy Chiropractic PC	98941	02/27/2017-03/20/2017	7	\$242.76
0431774421-03	D.S.	Energy Chiropractic PC	99212	02/27/2017	1	\$26.41
0431774421-03	D.S.	Energy Chiropractic PC	98941	03/29/2017-04/24/2017	5	\$173.40
0431774421-03	D.S.	Energy Chiropractic PC	98941	05/01/2017	1	\$34.68
0431774421-04	M.J.	Energy Chiropractic PC	98941	02/13/2017-02/23/2017	4	\$138.72
0431774421-04	M.J.	Energy Chiropractic PC	98941	03/01/2017-03/13/2017	6	\$208.08
0431774421-04	M.J.	Energy Chiropractic PC	99212	03/01/2017	1	\$26.41
0431774421-04	M.J.	Energy Chiropractic PC	98941	03/29/2017-04/17/2017	3	\$104.04
0431774421-05	M.T.	Energy Chiropractic PC	98941	04/03/2017	1	\$34.68
0478186786-02	M.L.	Energy Chiropractic PC	99203	10/16/2017	1	\$54.73
0478186786-02	M.L.	Energy Chiropractic PC	98941	10/18/2017-11/06/2017	6	\$208.08
0478186786-02	M.L.	Energy Chiropractic PC	98941	11/15/2017-11/30/2017	4	\$138.72
0478186786-02	M.L.	Energy Chiropractic PC	98941	12/12/2017-12/13/2017	2	\$69.36
0478186786-02	M.L.	Energy Chiropractic PC	98940	01/22/2018	1	\$26.41
0478186786-03	P.O.	Energy Chiropractic PC	99203	10/17/2017	1	\$54.73
0478186786-03	P.O.	Energy Chiropractic PC	98941	10/18/2017-11/13/2017	9	\$312.12
0478186786-03	P.O.	Energy Chiropractic PC	98941	11/16/2017-12/05/2017	8	\$277.44
0478186786-03	P.O.	Energy Chiropractic PC	98941	12/12/2017-12/26/2017	5	\$173.40
0478186786-03	P.O.	Energy Chiropractic PC	99212	12/21/2017	1	\$26.41
0478186786-03	P.O.	Energy Chiropractic PC	98941	01/17/2018-01/23/2018	3	\$104.04
0478186786-03	P.O.	Energy Chiropractic PC	98941	01/29/2018-02/14/2018	5	\$173.40
0478186786-03	P.O.	Energy Chiropractic PC	98941	02/19/2018-02/26/2018	2	\$69.36
0478186786-08	S.P.	Energy Chiropractic PC	99203	10/18/2017	1	\$54.73
0478186786-08	S.P.	Energy Chiropractic PC	98940	10/20/2017-11/03/2017	5	\$132.05
0478186786-08	S.P.	Energy Chiropractic PC	98941	11/06/2017	1	\$34.68

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0478186786-08	S.P.	Energy Chiropractic PC	98941	11/13/2017-11/30/2017	7	\$242.76
0478186786-08	S.P.	Energy Chiropractic PC	98941	12/12/2017-12/13/2017	2	\$69.36
0478186786-08	S.P.	Energy Chiropractic PC	98941	01/22/2018	1	\$34.68
0478186786-08	S.P.	Energy Chiropractic PC	99212	01/22/2018	1	\$26.41
0478186786-12	L.M.	Energy Chiropractic PC	99203	11/03/2017	1	\$54.73
0478186786-12	L.M.	Energy Chiropractic PC	98941	11/09/2017	1	\$34.68
0478186786-12	L.M.	Energy Chiropractic PC	98941	11/15/2017-12/05/2017	7	\$242.76
0478186786-12	L.M.	Energy Chiropractic PC	98941	12/12/2017	1	\$34.68
0478186786-12	L.M.	Energy Chiropractic PC	98941	01/10/2018-01/17/2018	2	\$69.36
0478186786-12	L.M.	Energy Chiropractic PC	98941	04/17/2018	1	\$34.68
0478186786-12	L.M.	Energy Chiropractic PC	99212	04/17/2018	1	\$26.41
0478186786-12	L.M.	Energy Chiropractic PC	98941	04/17/2018	1	\$34.68
0478186786-12	L.M.	Energy Chiropractic PC	99212	04/17/2018	1	\$26.41
0492252812-02	S.B.	Energy Chiropractic PC	98941	07/25/2018-07/30/2018	2	\$69.36
0492252812-02	S.B.	Energy Chiropractic PC	99212	07/30/2018	1	\$26.41
0496020934-01	E.D.	Energy Chiropractic PC	99212	06/11/2018	1	\$26.41
0496020934-01	E.D.	Energy Chiropractic PC	93740	06/11/2018	1	\$97.74
0496020934-04	J.N.	Energy Chiropractic PC	93740	06/22/2018	1	\$97.74
0496020934-04	J.N.	Energy Chiropractic PC	99212	06/22/2018	1	\$26.41
0500494711-01	Z.A.	Energy Chiropractic PC	99203	08/01/2018	1	\$54.73
0500494711-01	Z.A.	Energy Chiropractic PC	98941	08/03/2018-08/09/2018	3	\$104.04
0505336941-02	P.G.	Energy Chiropractic PC	93740	06/06/2018	1	\$97.74
0505336941-02	P.G.	Energy Chiropractic PC	95904	08/22/2018	1	\$1,019.62
0505336941-02	P.G.	Energy Chiropractic PC	95904	08/22/2018	1	\$1,310.94
0505336941-02	P.G.	Energy Chiropractic PC	98941	01/09/2019-02/01/2019	3	\$104.04
0505336941-02	P.G.	Energy Chiropractic PC	98941	02/13/2019	1	\$34.68
0505336941-05	E.K.	Energy Chiropractic PC	95904	07/11/2018	1	\$1,310.94
0505336941-05	E.K.	Energy Chiropractic PC	95904	07/11/2018	1	\$1,019.62
0505336941-05	E.K.	Energy Chiropractic PC	98941	10/29/2018-11/12/2018	3	\$104.04
0505336941-05	E.K.	Energy Chiropractic PC	99212	11/12/2018	1	\$26.41

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0505336941-05	E.K.	Energy Chiropractic PC	93740	11/12/2018	1	\$97.74
0505336941-05	E.K.	Energy Chiropractic PC	98941	11/28/2018	1	\$34.68
0505336941-05	E.K.	Energy Chiropractic PC	98941	12/05/2018	1	\$34.68
0505336941-05	E.K.	Energy Chiropractic PC	98941	01/02/2019-01/09/2019	2	\$69.36
0512214957-01	R.D.	Energy Chiropractic PC	98941	12/11/2018-12/18/2018	2	\$69.36
0512214957-01	R.D.	Energy Chiropractic PC	98941	02/06/2019	1	\$34.68
0512214957-01	R.D.	Energy Chiropractic PC	98941	02/19/2019	1	\$34.68
0597828532-02	A.P.	Energy Chiropractic PC	98941	10/30/2020-11/06/2020	2	\$114.00
0597828532-02	A.P.	Energy Chiropractic PC	76999	11/09/2020	1	\$1,350.00
0597828532-02	A.P.	Energy Chiropractic PC	99201	11/09/2020	1	\$54.74
0597828532-02	A.P.	Energy Chiropractic PC	98941	11/09/2020	1	\$57.00
0597828532-02	A.P.	Energy Chiropractic PC	98941	12/14/2020-01/05/2021	2	\$114.00
0597828532-02	A.P.	Energy Chiropractic PC	98941	01/08/2021-02/19/2021	5	\$285.00
0597828532-02	A.P.	Energy Chiropractic PC	98941	02/26/2021-03/01/2021	2	\$114.00
0597828532-02	A.P.	Energy Chiropractic PC	98941	03/29/2021-04/19/2021	2	\$114.00
0597828532-02	A.P.	Energy Chiropractic PC	98941	05/18/2021-06/23/2021	5	\$285.00
0405235540-01	K.W.	FJL Medical Services PC	99215	09/06/2016	1	\$148.69
0411304496-02	J.L.	FJL Medical Services PC	99215	09/07/2016	1	\$148.69
0411304496-02	J.L.	FJL Medical Services PC	99215	11/02/2016	1	\$148.69
0413937953-02	B.W.	FJL Medical Services PC	20999	09/26/2016	2	\$2,875.00
0413937953-02	B.W.	FJL Medical Services PC	76942	09/26/2016	1	\$262.91
0413937953-02	B.W.	FJL Medical Services PC	99215	09/26/2016	1	\$148.69
0414859926-01	N.B.	FJL Medical Services PC	99244	08/16/2016	1	\$236.94
0423203900-01	R.D.	FJL Medical Services PC	20999	09/07/2016	2	\$2,900.00
0423203900-01	R.D.	FJL Medical Services PC	76942	09/07/2016	1	\$262.91
0430039222-02	S.E.	FJL Medical Services PC	99244	09/27/2016	1	\$236.94
0430328526-03	N.Y.	FJL Medical Services PC	20999	11/21/2016	2	\$1,875.00
0430328526-03	N.Y.	FJL Medical Services PC	76942	11/21/2016	1	\$262.91
0430768903-02	C.C.	FJL Medical Services PC	20999	10/05/2016	2	\$6,375.00
0430768903-02	C.C.	FJL Medical Services PC	76942	10/05/2016	1	\$262.91

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0431774421-02	P.C.	FJL Medical Services PC	20999	10/12/2016	2	\$2,925.00
0431774421-02	P.C.	FJL Medical Services PC	76942	10/12/2016	1	\$262.91
0431774421-02	P.C.	FJL Medical Services PC	20999	11/01/2016	2	\$3,150.00
0431774421-03	D.S.	FJL Medical Services PC	20999	10/12/2016	2	\$3,200.00
0431774421-03	D.S.	FJL Medical Services PC	76942	10/12/2016	1	\$262.91
0431774421-03	D.S.	FJL Medical Services PC	20299	10/26/2016	1	\$100.00
0431774421-03	D.S.	FJL Medical Services PC	20999	10/26/2016	2	\$3,250.00
0431774421-03	D.S.	FJL Medical Services PC	76942	10/26/2016	1	\$262.91
0431774421-03	D.S.	FJL Medical Services PC	20999	11/16/2016	2	\$3,200.00
0431774421-03	D.S.	FJL Medical Services PC	76942	11/16/2016	1	\$262.91
0431774421-04	M.J.	FJL Medical Services PC	20999	10/12/2016	2	\$4,025.00
0431774421-04	M.J.	FJL Medical Services PC	76942	10/12/2016	1	\$262.91
0431774421-05	M.T.	FJL Medical Services PC	20999	10/12/2016	2	\$3,200.00
0431774421-05	M.T.	FJL Medical Services PC	20999	11/01/2016	2	\$2,825.00
0434546750-11	E.I.	FJL Medical Services PC	20999	11/04/2016	2	\$2,825.00
0434546750-11	E.I.	FJL Medical Services PC	76942	11/04/2016	1	\$262.91
0434704607-02	L.S.	FJL Medical Services PC	20999	11/02/2016	2	\$6,950.00
0434704607-02	L.S.	FJL Medical Services PC	76942	11/02/2016	1	\$262.91
0434704607-09	D.T.	FJL Medical Services PC	20999	11/08/2016	3	\$3,800.00
0434704607-09	D.T.	FJL Medical Services PC	76942	11/08/2016	1	\$262.91
0457648400-02	G.G.	FJL Medical Services PC	99244	07/20/2017	1	\$236.94
0462711755-01	D.L.	FJL Medical Services PC	20553	07/20/2017	1	\$119.10
0462711755-01	D.L.	FJL Medical Services PC	20999	07/20/2017	2	\$3,075.00
0462711755-01	D.L.	FJL Medical Services PC	76942	07/20/2017	1	\$262.91
0462711755-07	E.S.	FJL Medical Services PC	20553	07/20/2017	1	\$119.10
0462711755-07	E.S.	FJL Medical Services PC	20999	07/20/2017	2	\$3,175.00
0462711755-07	E.S.	FJL Medical Services PC	76942	07/20/2017	1	\$262.91
0462711755-08	R.P.	FJL Medical Services PC	20553	07/20/2017	1	\$119.10
0462711755-08	R.P.	FJL Medical Services PC	20999	07/20/2017	2	\$2,525.00
0462711755-08	R.P.	FJL Medical Services PC	76942	07/20/2017	1	\$262.91

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0467961603-02	P.B.	FJL Medical Services PC	20999	10/05/2017	2	\$3,700.00
0340022847-01	J.M.	Francis Joseph Lacina MD	64550	12/23/2014-01/22/2015	14	\$1,026.20
0340022847-01	J.M.	Francis Joseph Lacina MD	64550	02/02/2015-02/06/2015	3	\$219.90
0340022847-01	J.M.	Francis Joseph Lacina MD	97010	02/02/2015-02/06/2015	3	\$54.75
0340022847-01	J.M.	Francis Joseph Lacina MD	97110	02/02/2015-02/06/2015	3	\$69.54
0340022847-01	J.M.	Francis Joseph Lacina MD	97124	02/02/2015-02/06/2015	3	\$60.63
0340022847-01	J.M.	Francis Joseph Lacina MD	97799	02/02/2015-02/06/2015	3	\$148.50
0342499539-01	J.R.	Francis Joseph Lacina MD	97799	01/06/2014-01/20/2015	10	\$495.00
0342499539-01	J.R.	Francis Joseph Lacina MD	64550	12/24/2014-01/20/2015	10	\$733.00
0342499539-01	J.R.	Francis Joseph Lacina MD	95903	01/19/2015	1	\$665.88
0342499539-01	J.R.	Francis Joseph Lacina MD	95904	01/19/2015	1	\$425.88
0342499539-01	J.R.	Francis Joseph Lacina MD	95934	01/19/2015	1	\$239.98
0342499539-01	J.R.	Francis Joseph Lacina MD	95926	01/19/2015	1	\$302.12
0342499539-01	J.R.	Francis Joseph Lacina MD	64550	01/30/2015-02/04/2015	3	\$219.90
0374553048-02	E.F.	Francis Joseph Lacina MD	99244	10/26/2015	1	\$236.94
0375170644-02	M.R.	Francis Joseph Lacina MD	99244	11/04/2015	1	\$236.94
0377476239-01	L.C.	Francis Joseph Lacina MD	99244	10/28/2015	1	\$236.94
0377476239-01	L.C.	Francis Joseph Lacina MD	99244	10/28/2015	1	\$236.94
0377476239-01	L.C.	Francis Joseph Lacina MD	99215	11/04/2015	1	\$148.69
0380809228-05	T.T.	Francis Joseph Lacina MD	99244	11/02/2015	1	\$236.94
0380809228-07	B.G.	Francis Joseph Lacina MD	99244	11/02/2015	1	\$236.94
0398385996-02	F.P.	Francis Joseph Lacina MD	20999	01/15/2016	2	\$1,750.00
0398385996-02	F.P.	Francis Joseph Lacina MD	99244	01/15/2016	1	\$236.94
0398385996-02	F.P.	Francis Joseph Lacina MD	99215	02/09/2016	1	\$148.69
0398385996-02	F.P.	Francis Joseph Lacina MD	95831	02/12/2016	1	\$348.80
0398385996-02	F.P.	Francis Joseph Lacina MD	95851	02/12/2016	1	\$182.84
0374512275-02	B.S.	JFL Medical Care PC	99244	01/04/2017	1	\$236.94
0430768903-01	J.M.	JFL Medical Care PC	20999	12/14/2016	2	\$2,825.00
0430768903-01	J.M.	JFL Medical Care PC	76942	12/14/2016	1	\$262.91
0431774421-02	P.C.	JFL Medical Care PC	99215	03/08/2017	1	\$148.69

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0431774421-03	D.S.	JFL Medical Care PC	20999	12/16/2016	2	\$3,150.00
0431774421-03	D.S.	JFL Medical Care PC	20999	12/16/2016	2	\$3,150.00
0431774421-03	D.S.	JFL Medical Care PC	76942	12/16/2016	1	\$262.91
0431774421-03	D.S.	JFL Medical Care PC	99215	12/16/2016	1	\$148.69
0431774421-03	D.S.	JFL Medical Care PC	20999	12/16/2016	2	\$2,600.00
0431774421-03	D.S.	JFL Medical Care PC	76942	12/16/2016	1	\$262.91
0431774421-03	D.S.	JFL Medical Care PC	99215	12/16/2016	1	\$148.69
0431774421-03	D.S.	JFL Medical Care PC	99215	02/15/2017	1	\$148.69
0431774421-03	D.S.	JFL Medical Care PC	99215	05/03/2017	1	\$148.69
0431774421-04	M.J.	JFL Medical Care PC	99215	12/21/2016	1	\$148.69
0431774421-04	M.J.	JFL Medical Care PC	20553	02/01/2017	1	\$119.10
0431774421-04	M.J.	JFL Medical Care PC	20999	02/01/2017	2	\$3,100.00
0431774421-04	M.J.	JFL Medical Care PC	76942	02/01/2017	1	\$262.91
0431774421-04	M.J.	JFL Medical Care PC	99215	02/01/2017	1	\$148.69
0431774421-04	M.J.	JFL Medical Care PC	99215	03/08/2017	1	\$148.69
0434704607-02	L.S.	JFL Medical Care PC	20999	12/20/2016	3	\$4,450.00
0434704607-02	L.S.	JFL Medical Care PC	76942	12/20/2016	1	\$262.91
0434704607-09	D.T.	JFL Medical Care PC	20553	11/23/2016	1	\$119.10
0434704607-09	D.T.	JFL Medical Care PC	20999	11/23/2016	2	\$4,075.00
0436499486-02	S.M.	JFL Medical Care PC	99215	03/29/2017	1	\$148.69
0440453512-01	C.W.	JFL Medical Care PC	20999	12/27/2016	2	\$2,500.00
0440453512-01	C.W.	JFL Medical Care PC	76942	12/27/2016	1	\$262.91
0440453512-01	C.W.	JFL Medical Care PC	20999	01/05/2017	3	\$1,925.00
0440453512-01	C.W.	JFL Medical Care PC	76942	01/05/2017	1	\$262.91
0440453512-01	C.W.	JFL Medical Care PC	20999	02/15/2017	2	\$5,025.00
0440453512-01	C.W.	JFL Medical Care PC	76942	02/15/2017	1	\$262.91
0440453512-01	C.W.	JFL Medical Care PC	76942	02/22/2017	1	\$262.91
0440453512-01	C.W.	JFL Medical Care PC	20999	03/01/2017	2	\$4,425.00
0440453512-01	C.W.	JFL Medical Care PC	76942	03/01/2017	1	\$262.91
0440453512-01	C.W.	JFL Medical Care PC	20999	02/22/2017	2	\$2,525.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0440453512-01	C.W.	JFL Medical Care PC	20999	02/22/2017	2	\$2,525.00
0440453512-01	C.W.	JFL Medical Care PC	20999	03/22/2017	2	\$5,050.00
0440453512-01	C.W.	JFL Medical Care PC	76942	03/22/2017	1	\$262.91
0440453512-01	C.W.	JFL Medical Care PC	20999	03/29/2017	2	\$5,050.00
0440453512-01	C.W.	JFL Medical Care PC	76942	03/29/2017	1	\$262.91
0446478414-02	B.M.	JFL Medical Care PC	20999	03/15/2017	2	\$3,025.00
0446478414-02	B.M.	JFL Medical Care PC	76942	03/15/2017	1	\$262.91
0448810002-02	D.W.	JFL Medical Care PC	20999	03/30/2017	2	\$6,075.00
0448810002-02	D.W.	JFL Medical Care PC	20999	06/13/2017	2	\$2,525.00
0449850220-02	K.L.	JFL Medical Care PC	20999	05/17/2017	2	\$5,050.00
0457648400-02	G.G.	JFL Medical Care PC	99244	09/15/2017	1	\$236.94
0457648400-02	G.G.	JFL Medical Care PC	20999	09/15/2017	2	\$4,575.00
0478186786-02	M.L.	JFL Medical Care PC	99215	11/30/2017	1	\$148.69
0478186786-08	S.P.	JFL Medical Care PC	99244	10/25/2017	1	\$236.94
0478186786-08	S.P.	JFL Medical Care PC	20999	11/30/2017	2	\$4,825.00
0478186786-08	S.P.	JFL Medical Care PC	76942	11/30/2017	1	\$262.91
0478186786-08	S.P.	JFL Medical Care PC	99215	11/30/2017	1	\$148.69
0478186786-12	L.M.	JFL Medical Care PC	99244	01/17/2018	1	\$236.94
0556464261-03	P.N.	JP Medical Services PC	20999	12/26/2019	2	\$1,400.00
0556464261-03	P.N.	JP Medical Services PC	99215	12/26/2019	1	\$148.69
0557707767-01	N.B.	JP Medical Services PC	20999	01/08/2020	2	\$1,400.00
0559183124-02	J.R.	JP Medical Services PC	20999	12/12/2019	2	\$1,400.00
0559183124-02	J.R.	JP Medical Services PC	99215	12/12/2019	1	\$148.69
0559183124-02	J.R.	JP Medical Services PC	20999	12/26/2019	2	\$1,400.00
0559183124-02	J.R.	JP Medical Services PC	99215	12/26/2019	1	\$148.69
0562978064-02	G.A.	JP Medical Services PC	20999	12/27/2019	2	\$1,050.00
0564349363-01	E.M.	JP Medical Services PC	20999	12/10/2019	2	\$1,300.00
0564349363-01	E.M.	JP Medical Services PC	20999	01/15/2020	2	\$975.00
0564349363-01	E.M.	JP Medical Services PC	20999	01/28/2020	2	\$650.00
0567146238-03	R.W.	JP Medical Services PC	20999	12/10/2019	2	\$975.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0567146238-03	R.W.	JP Medical Services PC	20999	12/18/2019-12/19/2019	3	\$1,300.00
0567146238-03	R.W.	JP Medical Services PC	20999	01/13/2020	2	\$650.00
0567146238-03	R.W.	JP Medical Services PC	20999	01/30/2020	2	\$900.00
0567146238-03	R.W.	JP Medical Services PC	20999	02/04/2020	2	\$975.00
0567146238-03	R.W.	JP Medical Services PC	20999	02/10/2020	2	\$975.00
0567178421-01	T.S.	JP Medical Services PC	20999	12/17/2019	2	\$975.00
0567178421-01	T.S.	JP Medical Services PC	20999	12/30/2019	2	\$975.00
0567728472-01	W.D.	JP Medical Services PC	20999	01/08/2020	2	\$1,400.00
0568456115-02	K.M.	JP Medical Services PC	20999	02/07/2020	2	\$975.00
0570786467-06	W.L.	JP Medical Services PC	20999	01/09/2020	2	\$1,400.00
0570797323-01	A.G.	JP Medical Services PC	20999	12/24/2019	2	\$1,950.00
0570797323-01	A.G.	JP Medical Services PC	99244	12/24/2019	1	\$236.94
0571314871-03	Z.K.	JP Medical Services PC	20999	12/26/2019	2	\$725.00
0571314871-03	Z.K.	JP Medical Services PC	99244	12/26/2019	1	\$236.94
0571500685-01	C.E.	JP Medical Services PC	20999	01/02/2020	2	\$1,400.00
0571500685-01	C.E.	JP Medical Services PC	99215	01/02/2020	1	\$148.69
0571500685-01	C.E.	JP Medical Services PC	20999	12/11/2019	2	\$1,400.00
0571500685-01	C.E.	JP Medical Services PC	99244	12/11/2019	1	\$236.94
0571805324-02	D.S.	JP Medical Services PC	20999	12/10/2019	2	\$975.00
0571805324-02	D.S.	JP Medical Services PC	99244	12/10/2019	1	\$236.94
0571805324-03	R.M.	JP Medical Services PC	20999	12/10/2019	2	\$650.00
0571805324-03	R.M.	JP Medical Services PC	99244	12/10/2019	1	\$236.94
0597828532-02	A.P.	JP Medical Services PC	95861	11/17/2020	1	\$241.50
0597828532-02	A.P.	JP Medical Services PC	95912	11/17/2020	1	\$405.26
0597828532-02	A.P.	JP Medical Services PC	95861	11/30/2020	1	\$483.00
0597828532-02	A.P.	JP Medical Services PC	95912	11/30/2020	1	\$405.26
0597828532-02	A.P.	JP Medical Services PC	95927	02/16/2021	1	\$302.12
0608935029-02	R.C.	JP Medical Services PC	95861	02/16/2021	1	\$241.50
0608935029-02	R.C.	JP Medical Services PC	95912	02/16/2021	1	\$405.26
0404744260-02	C.A.	JPC Medical PC	99205	12/22/2016	1	\$236.94

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0405235540-01	K.W.	JPC Medical PC	99358	01/10/2017	1	\$204.41
0405235540-01	K.W.	JPC Medical PC	99205	01/10/2017	1	\$236.94
0405235540-01	K.W.	JPC Medical PC	99215	02/21/2017	1	\$148.69
0431259696-05	I.G.	JPC Medical PC	95886	01/26/2017	1	\$617.52
0431259696-05	I.G.	JPC Medical PC	95903	01/26/2017	1	\$1,331.76
0431259696-05	I.G.	JPC Medical PC	95904	01/26/2017	1	\$1,064.70
0431259696-05	I.G.	JPC Medical PC	95934	01/26/2017	1	\$239.98
0434552568-02	A.J.	JPC Medical PC	95886	02/16/2017	1	\$617.52
0434552568-02	A.J.	JPC Medical PC	95903	02/16/2017	1	\$1,331.76
0434552568-02	A.J.	JPC Medical PC	95904	02/16/2017	1	\$1,064.70
0434552568-02	A.J.	JPC Medical PC	95934	02/16/2017	1	\$239.98
0434704607-09	D.T.	JPC Medical PC	95886	01/24/2017	1	\$617.52
0434704607-09	D.T.	JPC Medical PC	95903	01/24/2017	1	\$1,331.76
0434704607-09	D.T.	JPC Medical PC	95904	01/24/2017	1	\$1,064.70
0434704607-09	D.T.	JPC Medical PC	95934	01/24/2017	1	\$239.98
0436367817-03	M.K.	JPC Medical PC	95886	01/31/2017	1	\$617.52
0436367817-03	M.K.	JPC Medical PC	95903	01/31/2017	1	\$1,331.76
0436367817-03	M.K.	JPC Medical PC	95904	01/31/2017	1	\$1,064.70
0436367817-03	M.K.	JPC Medical PC	95934	01/31/2017	1	\$239.98
0436730963-06	R.N.	JPC Medical PC	95886	02/02/2017	1	\$617.52
0436730963-06	R.N.	JPC Medical PC	95903	02/02/2017	1	\$1,498.23
0436730963-06	R.N.	JPC Medical PC	95904	02/02/2017	1	\$1,064.70
0436730963-06	R.N.	JPC Medical PC	95934	02/02/2017	1	\$239.98
0438641714-03	P.W.	JPC Medical PC	95886	04/13/2017	1	\$308.76
0438641714-03	P.W.	JPC Medical PC	95903	04/13/2017	1	\$665.88
0438641714-03	P.W.	JPC Medical PC	95904	04/13/2017	1	\$425.88
0438641714-03	P.W.	JPC Medical PC	95934	04/13/2017	1	\$239.98
0439267394-01	R.N.	JPC Medical PC	95903	04/25/2017	1	\$1,165.29
0439267394-01	R.N.	JPC Medical PC	95904	04/25/2017	1	\$1,064.70
0439267394-01	R.N.	JPC Medical PC	95934	04/25/2017	1	\$239.98

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0440453512-01	C.W.	JPC Medical PC	99358	05/08/2017	1	\$204.41
0440453512-01	C.W.	JPC Medical PC	99215	05/08/2017	1	\$148.69
0440453512-01	C.W.	JPC Medical PC	99215	06/05/2017	1	\$148.69
0441705449-03	M.T.	JPC Medical PC	95886	03/07/2017	1	\$617.52
0441705449-03	M.T.	JPC Medical PC	95903	03/07/2017	1	\$1,331.76
0441705449-03	M.T.	JPC Medical PC	95904	03/07/2017	1	\$1,064.70
0441705449-03	M.T.	JPC Medical PC	95934	03/07/2017	1	\$239.98
0447210337-03	B.D.	JPC Medical PC	99205	03/23/2017	1	\$200.68
0447210337-08	G.J.	JPC Medical PC	99205	04/13/2017	1	\$200.68
0447210337-08	G.J.	JPC Medical PC	95886	04/13/2017	1	\$617.52
0447210337-08	G.J.	JPC Medical PC	95903	04/13/2017	1	\$1,331.76
0447210337-08	G.J.	JPC Medical PC	95904	04/13/2017	1	\$1,064.70
0447210337-08	G.J.	JPC Medical PC	95934	04/13/2017	1	\$239.98
0449854487-01	N.W.	JPC Medical PC	95886	04/25/2017	1	\$617.52
0449854487-01	N.W.	JPC Medical PC	95903	04/25/2017	1	\$1,331.76
0449854487-01	N.W.	JPC Medical PC	95904	04/25/2017	1	\$1,064.70
0449854487-01	N.W.	JPC Medical PC	95934	04/25/2017	1	\$239.98
0449854487-02	L.W.	JPC Medical PC	95886	04/25/2017	1	\$617.52
0449854487-02	L.W.	JPC Medical PC	95903	04/25/2017	1	\$1,165.29
0449854487-02	L.W.	JPC Medical PC	95904	04/25/2017	1	\$1,064.70
0449854487-02	L.W.	JPC Medical PC	95934	04/25/2017	1	\$239.98
0367613387-02	M.J.	JPF Medical Services PC	20553	11/08/2016	1	\$119.10
0367613387-02	M.J.	JPF Medical Services PC	20999	11/08/2016	2	\$1,625.00
0367613387-02	M.J.	JPF Medical Services PC	99214	11/08/2016	1	\$148.69
0393570304-01	C.R.	JPF Medical Services PC	20553	09/16/2016	1	\$119.10
0393570304-01	C.R.	JPF Medical Services PC	20999	09/16/2016	2	\$1,225.00
0393570304-01	C.R.	JPF Medical Services PC	99244	09/16/2016	1	\$236.94
0395201676-02	F.M.	JPF Medical Services PC	20553	09/30/2016	1	\$119.10
0395201676-02	F.M.	JPF Medical Services PC	20999	09/30/2016	2	\$1,375.00
0395201676-02	F.M.	JPF Medical Services PC	99244	09/30/2016	1	\$236.94

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0395201676-02	F.M.	JPF Medical Services PC	20999	10/07/2016	2	\$1,550.00
0395201676-02	F.M.	JPF Medical Services PC	99215	10/14/2016	1	\$148.69
0395201676-02	F.M.	JPF Medical Services PC	20999	10/14/2016	2	\$1,375.00
0395201676-02	F.M.	JPF Medical Services PC	20553	10/21/2016	1	\$119.10
0395201676-02	F.M.	JPF Medical Services PC	20999	10/21/2016	1	\$755.00
0395201676-02	F.M.	JPF Medical Services PC	99215	10/21/2016	1	\$148.69
0405231143-01	C.A.	JPF Medical Services PC	20553	09/23/2016	1	\$119.10
0405231143-01	C.A.	JPF Medical Services PC	20999	09/23/2016	2	\$1,225.00
0405231143-01	C.A.	JPF Medical Services PC	99215	09/23/2016	1	\$148.69
0408989390-03	A.H.	JPF Medical Services PC	20999	10/28/2016	2	\$1,550.00
0408989390-03	A.H.	JPF Medical Services PC	99215	10/28/2016	1	\$148.69
0415767268-02	Y.E.	JPF Medical Services PC	20999	10/04/2016	2	\$1,225.00
0415767268-02	Y.E.	JPF Medical Services PC	20999	10/25/2016	2	\$1,475.00
0415767268-02	Y.E.	JPF Medical Services PC	99215	10/25/2016	1	\$148.69
0415767268-02	Y.E.	JPF Medical Services PC	20553	10/25/2016	1	\$119.10
0415767268-02	Y.E.	JPF Medical Services PC	20999	10/25/2016	2	\$1,475.00
0415767268-02	Y.E.	JPF Medical Services PC	99215	10/25/2016	1	\$148.69
0415767268-02	Y.E.	JPF Medical Services PC	20999	12/08/2016	2	\$1,350.00
0415767268-02	Y.E.	JPF Medical Services PC	99215	12/08/2016	1	\$148.69
0415767268-02	Y.E.	JPF Medical Services PC	20999	01/05/2017	2	\$1,275.00
0415767268-02	Y.E.	JPF Medical Services PC	20999	01/12/2017	2	\$1,525.00
0415767268-02	Y.E.	JPF Medical Services PC	99215	01/12/2017	1	\$148.69
0415767268-02	Y.E.	JPF Medical Services PC	99215	01/19/2017	1	\$148.69
0415767268-02	Y.E.	JPF Medical Services PC	99215	02/02/2017	1	\$148.69
0415767268-02	Y.E.	JPF Medical Services PC	20999	02/02/2017	2	\$1,525.00
0419487863-01	O.C.	JPF Medical Services PC	20999	10/04/2016	2	\$1,525.00
0420467748-02	L.H.	JPF Medical Services PC	20999	10/04/2016	2	\$1,625.00
0422068007-01	S.J.	JPF Medical Services PC	20999	11/29/2016	2	\$2,875.00
0422068007-01	S.J.	JPF Medical Services PC	20999	12/06/2016	2	\$1,625.00
0422068007-01	S.J.	JPF Medical Services PC	99215	12/06/2016	1	\$148.69

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0422068007-01	S.J.	JPF Medical Services PC	20553	01/30/2017	1	\$119.10
0422068007-01	S.J.	JPF Medical Services PC	20999	01/30/2017	2	\$1,450.00
0422068007-01	S.J.	JPF Medical Services PC	99215	01/30/2017	1	\$148.69
0422068007-01	S.J.	JPF Medical Services PC	20999	02/06/2017	2	\$1,525.00
0422068007-01	S.J.	JPF Medical Services PC	99215	02/06/2017	1	\$148.69
0422413260-02	N.R.	JPF Medical Services PC	20553	11/01/2016	1	\$119.10
0422413260-02	N.R.	JPF Medical Services PC	20999	11/01/2016	2	\$1,550.00
0422413260-02	N.R.	JPF Medical Services PC	99215	11/01/2016	1	\$148.69
0423374818-01	A.Z.	JPF Medical Services PC	20999	10/14/2016	2	\$1,625.00
0423374818-01	A.Z.	JPF Medical Services PC	20999	10/21/2016	2	\$1,300.00
0423374818-01	A.Z.	JPF Medical Services PC	99215	10/21/2016	1	\$148.69
0423374818-01	A.Z.	JPF Medical Services PC	20999	11/04/2016	2	\$1,550.00
0423374818-01	A.Z.	JPF Medical Services PC	99215	11/04/2016	1	\$148.69
0423374818-04	N.G.	JPF Medical Services PC	20999	10/14/2016	2	\$2,050.00
0423374818-04	N.G.	JPF Medical Services PC	20999	10/21/2016	2	\$1,300.00
0423374818-04	N.G.	JPF Medical Services PC	99215	10/21/2016	1	\$148.69
0423374818-04	N.G.	JPF Medical Services PC	20999	11/04/2016	2	\$684.00
0423374818-04	N.G.	JPF Medical Services PC	99215	11/04/2016	1	\$148.69
0427219795-03	J.B.	JPF Medical Services PC	20553	10/25/2016	1	\$119.10
0427219795-03	J.B.	JPF Medical Services PC	20999	10/25/2016	2	\$1,475.00
0427219795-03	J.B.	JPF Medical Services PC	99215	10/25/2016	1	\$148.69
0427219795-03	J.B.	JPF Medical Services PC	20553	11/01/2016	1	\$119.10
0427219795-03	J.B.	JPF Medical Services PC	20999	11/01/2016	2	\$1,450.00
0427219795-03	J.B.	JPF Medical Services PC	99215	11/01/2016	1	\$148.69
0427531546-05	T.K.	JPF Medical Services PC	20553	09/27/2016	1	\$119.10
0427531546-05	T.K.	JPF Medical Services PC	20999	09/27/2016	2	\$15.50
0427531546-05	T.K.	JPF Medical Services PC	99244	09/27/2016	1	\$236.94
0427531546-05	T.K.	JPF Medical Services PC	20553	10/04/2016	1	\$119.10
0427531546-05	T.K.	JPF Medical Services PC	20999	10/04/2016	2	\$1,225.00
0427531546-05	T.K.	JPF Medical Services PC	99215	10/04/2016	1	\$148.69

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0427531546-05	T.K.	JPF Medical Services PC	20553	10/25/2016	1	\$119.10
0427531546-05	T.K.	JPF Medical Services PC	20999	10/25/2016	2	\$1,225.00
0427531546-05	T.K.	JPF Medical Services PC	99215	10/25/2016	1	\$148.69
0427531546-05	T.K.	JPF Medical Services PC	20553	11/01/2016	1	\$119.10
0427531546-05	T.K.	JPF Medical Services PC	20999	11/01/2016	2	\$1,450.00
0427531546-05	T.K.	JPF Medical Services PC	99215	11/01/2016	1	\$148.69
0427531546-05	T.K.	JPF Medical Services PC	20553	12/08/2016	1	\$119.10
0427531546-05	T.K.	JPF Medical Services PC	20999	12/08/2016	2	\$1,625.00
0427531546-05	T.K.	JPF Medical Services PC	99215	12/08/2016	1	\$148.69
0427531546-05	T.K.	JPF Medical Services PC	20999	12/29/2016	2	\$1,525.00
0427531546-05	T.K.	JPF Medical Services PC	99215	12/29/2016	1	\$148.69
0429945370-01	D.B.	JPF Medical Services PC	20999	10/04/2016	2	\$1,375.00
0429945370-01	D.B.	JPF Medical Services PC	20999	11/09/2016	2	\$1,475.00
0429945370-01	D.B.	JPF Medical Services PC	99215	11/09/2016	1	\$148.69
0429945370-01	D.B.	JPF Medical Services PC	20999	02/01/2017	2	\$1,625.00
0433530375-01	R.M.	JPF Medical Services PC	20999	11/03/2016	2	\$1,525.00
0433530375-01	R.M.	JPF Medical Services PC	99244	11/03/2016	1	\$236.94
0433530375-01	R.M.	JPF Medical Services PC	99215	11/29/2016	1	\$148.69
0433530375-01	R.M.	JPF Medical Services PC	20999	11/29/2016	2	\$1,625.00
0433530375-01	R.M.	JPF Medical Services PC	20553	11/03/2016	1	\$119.10
0433530375-01	R.M.	JPF Medical Services PC	99244	11/03/2016	1	\$236.94
0433530375-01	R.M.	JPF Medical Services PC	20999	11/03/2016	2	\$1,525.00
0433530375-01	R.M.	JPF Medical Services PC	20553	11/29/2016	1	\$119.10
0433530375-01	R.M.	JPF Medical Services PC	99215	11/29/2016	1	\$148.69
0433530375-01	R.M.	JPF Medical Services PC	20999	01/16/2017	2	\$1,400.00
0434099155-01	K.G.	JPF Medical Services PC	20999	12/09/2016	2	\$1,625.00
0434099155-01	K.G.	JPF Medical Services PC	99244	12/09/2016	1	\$236.94
0434196456-02	J.R.	JPF Medical Services PC	20999	01/10/2017	2	\$1,625.00
0434196456-02	J.R.	JPF Medical Services PC	20999	01/17/2017	2	\$1,625.00
0434196456-02	J.R.	JPF Medical Services PC	99215	01/17/2017	1	\$148.69

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0434196456-02	J.R.	JPF Medical Services PC	20999	02/21/2017	2	\$1,525.00
0434196456-02	J.R.	JPF Medical Services PC	99215	02/21/2017	1	\$148.69
0434196456-02	J.R.	JPF Medical Services PC	20999	02/28/2017	2	\$1,350.00
0434196456-02	J.R.	JPF Medical Services PC	99215	02/28/2017	1	\$148.69
0434580254-01	C.B.	JPF Medical Services PC	20999	01/24/2017	2	\$1,625.00
0434580254-01	C.B.	JPF Medical Services PC	20999	02/07/2017	2	\$1,525.00
0434580254-01	C.B.	JPF Medical Services PC	99215	02/07/2017	1	\$148.69
0435034350-01	S.T.	JPF Medical Services PC	20999	02/14/2017	2	\$1,625.00
0435844709-01	K.K.	JPF Medical Services PC	20999	01/12/2017	2	\$1,400.00
0435844709-01	K.K.	JPF Medical Services PC	20999	01/18/2017	2	\$1,225.00
0435844709-01	K.K.	JPF Medical Services PC	99215	01/18/2017	1	\$148.69
0435844709-01	K.K.	JPF Medical Services PC	20999	01/23/2017	2	\$1,225.00
0435844709-01	K.K.	JPF Medical Services PC	99215	01/23/2017	1	\$148.69
0435844709-01	K.K.	JPF Medical Services PC	20999	01/30/2017	2	\$1,225.00
0435844709-01	K.K.	JPF Medical Services PC	20999	02/16/2017	2	\$1,225.00
0435844709-01	K.K.	JPF Medical Services PC	99215	02/16/2017	1	\$148.69
0435844709-01	K.K.	JPF Medical Services PC	20999	01/23/2017-02/23/2017	3	\$1,225.00
0435844709-01	K.K.	JPF Medical Services PC	99215	02/23/2017	1	\$148.69
0435844709-01	K.K.	JPF Medical Services PC	20999	02/28/2017	2	\$1,125.00
0435844709-01	K.K.	JPF Medical Services PC	99215	02/28/2017	1	\$148.69
0435844709-01	K.K.	JPF Medical Services PC	20999	03/08/2017	2	\$1,400.00
0435844709-01	K.K.	JPF Medical Services PC	99215	03/08/2017	1	\$148.69
0435844709-02	N.S.	JPF Medical Services PC	20999	01/12/2017	2	\$1,400.00
0435844709-02	N.S.	JPF Medical Services PC	20999	01/18/2017	2	\$1,225.00
0435844709-02	N.S.	JPF Medical Services PC	99215	01/18/2017	1	\$148.69
0435844709-02	N.S.	JPF Medical Services PC	20999	01/23/2017	2	\$1,400.00
0435844709-02	N.S.	JPF Medical Services PC	99215	01/23/2017	1	\$148.69
0435844709-02	N.S.	JPF Medical Services PC	20999	01/30/2017	2	\$1,400.00
0435844709-02	N.S.	JPF Medical Services PC	99215	01/30/2017	1	\$148.69
0435844709-02	N.S.	JPF Medical Services PC	20999	02/16/2017	2	\$1,400.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0435844709-02	N.S.	JPF Medical Services PC	99215	02/16/2017	1	\$148.69
0435844709-02	N.S.	JPF Medical Services PC	20999	02/23/2017	2	\$1,400.00
0435844709-02	N.S.	JPF Medical Services PC	99215	02/23/2017	1	\$148.69
0435844709-02	N.S.	JPF Medical Services PC	20999	02/28/2017	2	\$1,400.00
0435844709-02	N.S.	JPF Medical Services PC	99215	02/28/2017	1	\$148.69
0435844709-02	N.S.	JPF Medical Services PC	99215	03/08/2017	1	\$148.69
0435844709-02	N.S.	JPF Medical Services PC	20999	03/08/2017	2	\$1,400.00
0436118640-03	J.C.	JPF Medical Services PC	20999	12/07/2016	2	\$1,625.00
0436118640-03	J.C.	JPF Medical Services PC	20999	02/08/2017	2	\$1,525.00
0436118640-03	J.C.	JPF Medical Services PC	20999	03/08/2017	2	\$1,625.00
0436118640-03	J.C.	JPF Medical Services PC	99215	03/08/2017	1	\$148.69
0436643688-01	Y.R.	JPF Medical Services PC	20553	11/29/2016	1	\$119.10
0436643688-01	Y.R.	JPF Medical Services PC	99215	11/29/2016	1	\$148.69
0436643688-01	Y.R.	JPF Medical Services PC	20999	11/29/2016	2	\$1,525.00
0436643688-01	Y.R.	JPF Medical Services PC	20999	01/09/2017	2	\$1,625.00
0436643688-01	Y.R.	JPF Medical Services PC	99215	01/30/2017	1	\$148.69
0436643688-01	Y.R.	JPF Medical Services PC	20999	01/30/2017	2	\$1,625.00
0436643688-01	Y.R.	JPF Medical Services PC	20999	02/27/2017	2	\$1,625.00
0436643688-01	Y.R.	JPF Medical Services PC	99215	02/27/2017	1	\$148.69
0436891501-03	E.M.	JPF Medical Services PC	20999	11/15/2016	2	\$1,450.00
0436891501-03	E.M.	JPF Medical Services PC	20553	01/09/2017	1	\$119.10
0436891501-03	E.M.	JPF Medical Services PC	20999	01/09/2017	2	\$1,525.00
0436891501-03	E.M.	JPF Medical Services PC	99244	01/09/2017	1	\$236.94
0436891501-03	E.M.	JPF Medical Services PC	20999	01/30/2017	2	\$1,525.00
0437276942-04	E.E.	JPF Medical Services PC	20999	01/23/2017	2	\$1,625.00
0437276942-04	E.E.	JPF Medical Services PC	20999	02/13/2017	2	\$1,625.00
0437276942-04	E.E.	JPF Medical Services PC	99215	02/13/2017	1	\$148.69
0437276942-04	E.E.	JPF Medical Services PC	20999	02/27/2017	2	\$1,625.00
0437276942-04	E.E.	JPF Medical Services PC	99215	02/27/2017	1	\$148.69
0437276942-04	E.E.	JPF Medical Services PC	99215	03/06/2017	1	\$148.69

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0437276942-05	B.S.	JPF Medical Services PC	20999	01/23/2017	2	\$1,625.00
0437276942-05	B.S.	JPF Medical Services PC	20999	02/13/2017	2	\$1,625.00
0437276942-05	B.S.	JPF Medical Services PC	99215	02/13/2017	1	\$148.69
0437276942-05	B.S.	JPF Medical Services PC	20999	02/20/2017	2	\$1,625.00
0437276942-05	B.S.	JPF Medical Services PC	99215	02/20/2017	1	\$148.69
0437276942-05	B.S.	JPF Medical Services PC	20999	02/27/2017	2	\$1,625.00
0437276942-05	B.S.	JPF Medical Services PC	99215	02/27/2017	1	\$148.69
0437297467-01	M.K.	JPF Medical Services PC	20999	12/13/2016	2	\$1,550.00
0437429368-02	B.C.	JPF Medical Services PC	20999	02/07/2017	2	\$1,525.00
0437429368-02	B.C.	JPF Medical Services PC	99244	02/07/2017	1	\$236.94
0437429368-02	B.C.	JPF Medical Services PC	99215	02/14/2017	1	\$148.69
0437429368-02	B.C.	JPF Medical Services PC	20999	02/14/2017	2	\$1,525.00
0437429368-02	B.C.	JPF Medical Services PC	20999	02/21/2017	2	\$1,525.00
0437429368-02	B.C.	JPF Medical Services PC	99215	02/21/2017	1	\$148.69
0437623788-01	A.C.	JPF Medical Services PC	20999	12/06/2016	2	\$2,925.00
0438465858-01	J.B.	JPF Medical Services PC	20999	02/07/2017	2	\$1,525.00
0438465858-01	J.B.	JPF Medical Services PC	99244	02/07/2017	1	\$236.94
0438587776-06	J.T.	JPF Medical Services PC	20999	01/26/2017	2	\$5,525.00
0438587776-06	J.T.	JPF Medical Services PC	99244	01/26/2017	1	\$236.94
0438895979-01	L.R.	JPF Medical Services PC	20999	01/17/2017	2	\$2,925.00
0438895979-01	L.R.	JPF Medical Services PC	99215	02/07/2017	1	\$148.69
0439942862-02	F.V.	JPF Medical Services PC	20999	01/09/2017	2	\$1,625.00
0440527661-01	I.S.	JPF Medical Services PC	20999	01/05/2017	2	\$1,375.00
0440527661-01	I.S.	JPF Medical Services PC	20999	12/29/2016	2	\$1,050.00
0440527661-01	I.S.	JPF Medical Services PC	20999	01/11/2017	2	\$1,225.00
0440527661-01	I.S.	JPF Medical Services PC	99215	01/11/2017	1	\$148.69
0440527661-01	I.S.	JPF Medical Services PC	20999	01/18/2017	2	\$1,225.00
0440527661-01	I.S.	JPF Medical Services PC	99215	01/18/2017	1	\$148.69
0440527661-01	I.S.	JPF Medical Services PC	20999	01/31/2017	2	\$1,225.00
0440527661-01	I.S.	JPF Medical Services PC	20553	01/31/2017	1	\$119.10

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0440527661-01	I.S.	JPF Medical Services PC	20553	02/08/2017	1	\$119.10
0440527661-01	I.S.	JPF Medical Services PC	20999	02/08/2017	2	\$1,225.00
0440527661-01	I.S.	JPF Medical Services PC	20553	02/14/2017	1	\$119.10
0440527661-01	I.S.	JPF Medical Services PC	20999	02/14/2017	2	\$1,225.00
0440527661-01	I.S.	JPF Medical Services PC	20553	02/21/2017	1	\$119.10
0440527661-01	I.S.	JPF Medical Services PC	20999	02/21/2017	2	\$1,225.00
0440527661-01	I.S.	JPF Medical Services PC	20999	03/01/2017	2	\$1,225.00
0440527661-01	I.S.	JPF Medical Services PC	99215	03/01/2017	1	\$148.69
0440527661-01	I.S.	JPF Medical Services PC	99215	03/08/2017	1	\$148.69
0440527661-01	I.S.	JPF Medical Services PC	20999	03/08/2017	2	\$1,225.00
0440527661-02	S.S.	JPF Medical Services PC	20999	12/29/2016	2	\$1,225.00
0440527661-02	S.S.	JPF Medical Services PC	20999	01/05/2017	2	\$1,050.00
0440527661-02	S.S.	JPF Medical Services PC	20999	01/11/2017	2	\$1,225.00
0440527661-02	S.S.	JPF Medical Services PC	99215	01/11/2017	1	\$148.69
0440527661-02	S.S.	JPF Medical Services PC	99215	01/18/2017	1	\$148.69
0440527661-02	S.S.	JPF Medical Services PC	20999	01/18/2017	2	\$1,225.00
0440527661-02	S.S.	JPF Medical Services PC	20553	01/31/2017	1	\$119.10
0440527661-02	S.S.	JPF Medical Services PC	20999	01/31/2017	2	\$1,225.00
0440527661-02	S.S.	JPF Medical Services PC	20553	02/08/2017	1	\$119.10
0440527661-02	S.S.	JPF Medical Services PC	20999	02/08/2017	2	\$1,225.00
0440527661-02	S.S.	JPF Medical Services PC	20553	02/14/2017	1	\$119.10
0440527661-02	S.S.	JPF Medical Services PC	20999	02/14/2017	2	\$1,125.00
0440527661-02	S.S.	JPF Medical Services PC	20553	02/21/2017	1	\$119.10
0440527661-02	S.S.	JPF Medical Services PC	20999	02/21/2017	2	\$1,225.00
0440527661-02	S.S.	JPF Medical Services PC	20999	03/01/2017	2	\$1,225.00
0440527661-02	S.S.	JPF Medical Services PC	20999	03/08/2017	2	\$1,225.00
0440527661-02	S.S.	JPF Medical Services PC	99215	03/08/2017	1	\$148.69
0440874212-01	Y.Q.	JPF Medical Services PC	20999	01/23/2017	2	\$1,625.00
0440874212-01	Y.Q.	JPF Medical Services PC	20999	01/30/2017	2	\$1,625.00
0440874212-01	Y.Q.	JPF Medical Services PC	20999	03/06/2017	2	\$1,625.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0440874212-01	Y.Q.	JPF Medical Services PC	99215	03/06/2017	1	\$148.69
0440997251-01	S.M.	JPF Medical Services PC	20999	02/21/2017	2	\$1,625.00
0440997251-01	S.M.	JPF Medical Services PC	99244	02/21/2017	1	\$236.94
0440997251-01	S.M.	JPF Medical Services PC	20553	02/28/2017	1	\$119.10
0440997251-01	S.M.	JPF Medical Services PC	20999	02/28/2017	2	\$1,625.00
0440997251-01	S.M.	JPF Medical Services PC	99215	02/28/2017	1	\$148.69
0441434602-01	M.C.	JPF Medical Services PC	20999	02/02/2017	2	\$6,500.00
0441434602-01	M.C.	JPF Medical Services PC	99244	02/02/2017	1	\$236.94
0441447026-01	B.R.	JPF Medical Services PC	20999	01/24/2017	2	\$1,625.00
0441447026-01	B.R.	JPF Medical Services PC	20999	01/31/2017	2	\$1,625.00
0441447026-01	B.R.	JPF Medical Services PC	20999	02/07/2017	2	\$1,625.00
0441447026-01	B.R.	JPF Medical Services PC	20999	02/21/2017	2	\$1,625.00
0441447026-01	B.R.	JPF Medical Services PC	99215	02/21/2017	1	\$148.69
0441447026-01	B.R.	JPF Medical Services PC	20999	02/28/2017	2	\$1,625.00
0441447026-01	B.R.	JPF Medical Services PC	99215	02/28/2017	1	\$148.69
0441447026-01	B.R.	JPF Medical Services PC	20999	03/07/2017	2	\$1,625.00
0441447026-01	B.R.	JPF Medical Services PC	99215	03/07/2017	1	\$148.69
0441699666-01	P.G.	JPF Medical Services PC	20999	01/25/2017	2	\$1,525.00
0441699666-01	P.G.	JPF Medical Services PC	99244	01/25/2017	1	\$236.94
0441699666-01	P.G.	JPF Medical Services PC	20999	03/01/2017	2	\$1,625.00
0441699666-01	P.G.	JPF Medical Services PC	99215	03/01/2017	1	\$148.69
0441699666-01	P.G.	JPF Medical Services PC	99244	01/25/2017	1	\$236.94
0441699666-01	P.G.	JPF Medical Services PC	20999	01/25/2017	2	\$1,525.00
0441699666-01	P.G.	JPF Medical Services PC	99215	03/01/2017	1	\$148.69
0441699666-01	P.G.	JPF Medical Services PC	20999	03/01/2017	2	\$1,625.00
0441699666-02	L.G.	JPF Medical Services PC	20553	01/25/2017	1	\$119.10
0441699666-02	L.G.	JPF Medical Services PC	20999	01/25/2017	2	\$1,625.00
0441699666-02	L.G.	JPF Medical Services PC	99244	01/25/2017	1	\$236.94
0441699666-02	L.G.	JPF Medical Services PC	20999	03/01/2017	2	\$1,525.00
0441699666-02	L.G.	JPF Medical Services PC	99215	03/01/2017	1	\$148.69

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0441699666-02	L.G.	JPF Medical Services PC	20553	03/08/2017	1	\$119.10
0441699666-02	L.G.	JPF Medical Services PC	20999	03/08/2017	2	\$1,625.00
0441699666-02	L.G.	JPF Medical Services PC	99215	03/08/2017	1	\$148.69
0443460670-02	K.T.	JPF Medical Services PC	20553	01/31/2017	1	\$119.10
0443460670-02	K.T.	JPF Medical Services PC	20999	01/31/2017	2	\$1,625.00
0443460670-02	K.T.	JPF Medical Services PC	99244	01/31/2017	1	\$236.94
0443460670-02	K.T.	JPF Medical Services PC	20999	02/07/2017	2	\$1,625.00
0443460670-02	K.T.	JPF Medical Services PC	99215	02/07/2017	1	\$148.69
0443460670-02	K.T.	JPF Medical Services PC	99215	02/14/2017	1	\$148.69
0443460670-02	K.T.	JPF Medical Services PC	20999	02/14/2017	2	\$1,625.00
0443460670-02	K.T.	JPF Medical Services PC	20999	02/21/2017	2	\$1,625.00
0443460670-02	K.T.	JPF Medical Services PC	99215	02/21/2017	1	\$148.69
0444794309-02	J.M.	JPF Medical Services PC	20999	02/21/2017	2	\$1,525.00
0444794309-02	J.M.	JPF Medical Services PC	99244	02/21/2017	1	\$236.94
0444794309-02	J.M.	JPF Medical Services PC	20999	03/07/2017	2	\$1,525.00
0444794309-02	J.M.	JPF Medical Services PC	99215	03/07/2017	1	\$148.69
0444827991-01	M.L.	JPF Medical Services PC	20999	02/27/2017	2	\$1,525.00
0444995442-06	J.B.	JPF Medical Services PC	20999	02/16/2017	2	\$1,625.00
0444995442-06	J.B.	JPF Medical Services PC	99244	02/16/2017	1	\$236.94
0444995442-06	J.B.	JPF Medical Services PC	99215	02/16/2017	1	\$148.69
0446478414-02	B.M.	JPF Medical Services PC	20610	02/17/2017	1	\$57.26
0446478414-02	B.M.	JPF Medical Services PC	20999	02/17/2017	2	\$4,875.00
0446478414-02	B.M.	JPF Medical Services PC	99244	02/17/2017	1	\$236.94
0446478414-02	B.M.	JPF Medical Services PC	97750	03/17/2017	1	\$249.96
0448810002-02	D.W.	JPF Medical Services PC	99244	04/05/2017	1	\$236.94
0448810002-02	D.W.	JPF Medical Services PC	20999	04/05/2017	2	\$4,550.00
0455115931-09	C.S.	JPF Medical Services PC	20999	04/25/2017	2	\$1,400.00
0455115931-09	C.S.	JPF Medical Services PC	20999	05/02/2017	2	\$1,375.00
0296244239-02	B.H.	Jules F Parisien MD	64550	11/26/2013-12/06/2013	3	\$219.90
0302803937-05	B.S.	Jules F Parisien MD	97010	11/06/2013-12/09/2013	14	\$255.50

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0302803937-05	B.S.	Jules F Parisien MD	97110	11/06/2013-12/09/2013	14	\$324.52
0302803937-05	B.S.	Jules F Parisien MD	97124	11/06/2013-12/09/2013	14	\$282.94
0302803937-05	B.S.	Jules F Parisien MD	64550	11/06/2013-12/09/2013	14	\$952.90
0305061376-02	A.V.	Jules F Parisien MD	97799	11/06/2013-12/05/2013	12	\$594.00
0305061376-02	A.V.	Jules F Parisien MD	64550	11/06/2013-12/05/2013	12	\$879.60
0305061376-02	A.V.	Jules F Parisien MD	95903	11/26/2013	1	\$665.88
0305061376-02	A.V.	Jules F Parisien MD	95904	11/26/2013	1	\$425.88
0305061376-02	A.V.	Jules F Parisien MD	95934	11/26/2013	1	\$239.98
0305061376-02	A.V.	Jules F Parisien MD	99244	10/29/2013	1	\$236.94
0315420661-01	W.T.	Jules F Parisien MD	95831	06/04/2014	1	\$218.00
0315420661-01	W.T.	Jules F Parisien MD	95833	06/04/2014	1	\$114.32
0315420661-01	W.T.	Jules F Parisien MD	95851	06/04/2014	1	\$182.84
0315420661-01	W.T.	Jules F Parisien MD	98515	06/04/2014	1	\$45.71
0315420661-01	W.T.	Jules F Parisien MD	98531	06/04/2014	1	\$87.20
0509431607-05	D.L.	Jules F Parisien MD	99214	10/11/2018	1	\$148.69
0509431607-05	D.L.	Jules F Parisien MD	20999	10/18/2018	2	\$1,225.00
0567728472-01	W.D.	Jules Medical PC	20999	02/25/2020	2	\$1,400.00
0568456115-02	K.M.	Jules Medical PC	20999	02/17/2020	2	\$500.00
0568456115-02	K.M.	Jules Medical PC	99215	02/17/2020	1	\$148.69
0571444520-03	M.F.	Jules Medical PC	20999	02/25/2020	2	\$975.00
0571444520-03	M.F.	Jules Medical PC	99215	02/25/2020	1	\$148.69
0574676656-01	L.R.	Jules Medical PC	20999	01/15/2020	2	\$1,400.00
0575785381-02	C.H.	Jules Medical PC	20999	01/29/2020	2	\$1,400.00
0575785381-03	K.C.	Jules Medical PC	20999	01/15/2020	2	\$1,400.00
0575785381-03	K.C.	Jules Medical PC	99244	01/15/2020	1	\$236.94
0575785381-03	K.C.	Jules Medical PC	20999	01/15/2020	2	\$1,400.00
0411304496-02	J.L.	KP Medical Care PC	20999	12/01/2016	2	\$3,900.00
0411304496-02	J.L.	KP Medical Care PC	99215	12/01/2016	1	\$148.69
0411304496-02	J.L.	KP Medical Care PC	95831	12/01/2016	1	\$130.80
0411304496-02	J.L.	KP Medical Care PC	95833	12/01/2016	1	\$114.32

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0411304496-02	J.L.	KP Medical Care PC	95851	12/01/2016	1	\$91.42
0431774421-01	J.C.	KP Medical Care PC	20552	02/21/2017	1	\$100.00
0431774421-01	J.C.	KP Medical Care PC	20999	02/21/2017	2	\$2,925.00
0431774421-01	J.C.	KP Medical Care PC	99244	02/21/2017	1	\$236.94
0431774421-01	J.C.	KP Medical Care PC	95831	02/22/2017	1	\$305.20
0431774421-01	J.C.	KP Medical Care PC	95831	02/22/2017	1	\$305.20
0431774421-01	J.C.	KP Medical Care PC	95833	02/22/2017	1	\$114.32
0431774421-01	J.C.	KP Medical Care PC	95851	02/22/2017	1	\$182.84
0431774421-02	P.C.	KP Medical Care PC	95903	10/31/2016	1	\$665.88
0431774421-02	P.C.	KP Medical Care PC	95904	10/31/2016	1	\$425.88
0431774421-02	P.C.	KP Medical Care PC	95934	10/31/2016	1	\$239.98
0431774421-02	P.C.	KP Medical Care PC	20552	01/23/2017	1	\$100.00
0431774421-02	P.C.	KP Medical Care PC	20999	01/23/2017	2	\$2,925.00
0431774421-02	P.C.	KP Medical Care PC	99215	01/23/2017	1	\$148.69
0431774421-02	P.C.	KP Medical Care PC	97750	01/23/2017	1	\$249.96
0431774421-02	P.C.	KP Medical Care PC	99215	02/13/2017	1	\$148.69
0431774421-02	P.C.	KP Medical Care PC	99244	02/28/2017	1	\$236.94
0431774421-02	P.C.	KP Medical Care PC	99215	03/06/2017	1	\$148.69
0431774421-03	D.S.	KP Medical Care PC	20999	11/03/2016	2	\$1,625.00
0431774421-03	D.S.	KP Medical Care PC	97026	11/03/2016	1	\$21.46
0431774421-03	D.S.	KP Medical Care PC	99215	11/03/2016	1	\$148.69
0431774421-03	D.S.	KP Medical Care PC	20999	11/21/2016	2	\$4,075.00
0431774421-03	D.S.	KP Medical Care PC	97026	11/21/2016	1	\$21.46
0431774421-03	D.S.	KP Medical Care PC	99215	11/21/2016	1	\$148.69
0431774421-03	D.S.	KP Medical Care PC	20552	01/16/2017	1	\$100.00
0431774421-03	D.S.	KP Medical Care PC	20999	01/16/2017	2	\$2,925.00
0431774421-03	D.S.	KP Medical Care PC	95831	01/23/2017	1	\$130.80
0431774421-03	D.S.	KP Medical Care PC	95833	01/23/2017	1	\$114.32
0431774421-03	D.S.	KP Medical Care PC	95851	01/23/2017	1	\$91.42
0431774421-03	D.S.	KP Medical Care PC	20999	02/13/2017	2	\$2,925.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0431774421-03	D.S.	KP Medical Care PC	99215	02/13/2017	1	\$148.69
0431774421-03	D.S.	KP Medical Care PC	97750	02/13/2017	1	\$249.96
0431774421-03	D.S.	KP Medical Care PC	20999	03/03/2017	2	\$3,250.00
0431774421-03	D.S.	KP Medical Care PC	99215	03/03/2017	1	\$148.69
0431774421-04	M.J.	KP Medical Care PC	20999	12/05/2016	2	\$5,200.00
0431774421-04	M.J.	KP Medical Care PC	99215	12/05/2016	1	\$148.69
0431774421-04	M.J.	KP Medical Care PC	20552	01/23/2017	1	\$100.00
0431774421-04	M.J.	KP Medical Care PC	20999	01/23/2017	2	\$2,925.00
0431774421-04	M.J.	KP Medical Care PC	99215	01/23/2017	1	\$148.69
0431774421-04	M.J.	KP Medical Care PC	95831	01/23/2017	1	\$218.00
0431774421-04	M.J.	KP Medical Care PC	95833	01/23/2017	1	\$114.32
0431774421-04	M.J.	KP Medical Care PC	95851	01/23/2017	1	\$137.13
0431774421-04	M.J.	KP Medical Care PC	20999	02/13/2017	2	\$4,550.00
0431774421-04	M.J.	KP Medical Care PC	99215	02/13/2017	1	\$148.69
0431774421-04	M.J.	KP Medical Care PC	99244	02/28/2017	1	\$236.94
0431774421-04	M.J.	KP Medical Care PC	20999	03/06/2017	2	\$2,700.00
0431774421-04	M.J.	KP Medical Care PC	99215	03/06/2017	1	\$148.69
0431774421-05	M.T.	KP Medical Care PC	20552	11/07/2016	1	\$100.00
0431774421-05	M.T.	KP Medical Care PC	20999	11/07/2016	2	\$1,625.00
0431774421-05	M.T.	KP Medical Care PC	99215	11/07/2016	1	\$148.69
0431774421-05	M.T.	KP Medical Care PC	20552	01/23/2017	1	\$100.00
0431774421-05	M.T.	KP Medical Care PC	20999	01/23/2017	2	\$2,925.00
0431774421-05	M.T.	KP Medical Care PC	20552	02/20/2017	1	\$100.00
0431774421-05	M.T.	KP Medical Care PC	20999	02/20/2017	2	\$3,000.00
0431774421-05	M.T.	KP Medical Care PC	99215	02/20/2017	1	\$148.69
0431774421-05	M.T.	KP Medical Care PC	95831	02/20/2017	1	\$218.00
0431774421-05	M.T.	KP Medical Care PC	95831	02/20/2017	1	\$218.00
0431774421-05	M.T.	KP Medical Care PC	95833	02/20/2017	1	\$114.32
0431774421-05	M.T.	KP Medical Care PC	95851	02/20/2017	1	\$137.13
0431774421-05	M.T.	KP Medical Care PC	95831	02/20/2017	1	\$218.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0431774421-05	M.T.	KP Medical Care PC	95833	02/20/2017	1	\$114.32
0431774421-05	M.T.	KP Medical Care PC	95851	02/20/2017	1	\$137.13
0434546750-02	S.B.	KP Medical Care PC	95903	11/03/2016	1	\$665.88
0434546750-02	S.B.	KP Medical Care PC	95904	11/03/2016	1	\$425.88
0434546750-02	S.B.	KP Medical Care PC	95934	11/03/2016	1	\$239.98
0434546750-02	S.B.	KP Medical Care PC	95926	11/03/2016	1	\$302.12
0434546750-02	S.B.	KP Medical Care PC	95926	10/31/2016	1	\$302.12
0434546750-02	S.B.	KP Medical Care PC	95903	10/31/2016	1	\$665.88
0434546750-02	S.B.	KP Medical Care PC	95904	10/31/2016	1	\$638.82
0434546750-11	E.I.	KP Medical Care PC	95926	11/15/2016	1	\$302.12
0434546750-11	E.I.	KP Medical Care PC	95926	11/15/2016	1	\$302.12
0434546750-11	E.I.	KP Medical Care PC	95927	11/14/2016	1	\$302.12
0434546750-11	E.I.	KP Medical Care PC	95861	11/11/2016	1	\$241.50
0434546750-11	E.I.	KP Medical Care PC	95903	11/15/2016	1	\$665.88
0434546750-11	E.I.	KP Medical Care PC	95904	11/15/2016	1	\$425.88
0434546750-11	E.I.	KP Medical Care PC	95934	11/15/2016	1	\$239.98
0434546750-11	E.I.	KP Medical Care PC	20999	12/01/2016	2	\$2,925.00
0434546750-11	E.I.	KP Medical Care PC	95831	11/14/2016	1	\$130.80
0434546750-11	E.I.	KP Medical Care PC	95833	11/14/2016	1	\$114.32
0434546750-11	E.I.	KP Medical Care PC	95851	11/14/2016	1	\$137.13
0434546750-11	E.I.	KP Medical Care PC	95831	12/12/2016	1	\$218.00
0434546750-11	E.I.	KP Medical Care PC	95833	12/12/2016	1	\$114.32
0434546750-11	E.I.	KP Medical Care PC	95851	12/12/2016	1	\$182.84
0436499486-02	S.M.	KP Medical Care PC	95903	11/28/2016	1	\$665.88
0436499486-02	S.M.	KP Medical Care PC	95904	11/28/2016	1	\$638.82
0436499486-02	S.M.	KP Medical Care PC	20552	12/15/2016	1	\$100.00
0436499486-02	S.M.	KP Medical Care PC	20999	12/15/2016	2	\$3,775.00
0436499486-02	S.M.	KP Medical Care PC	20552	01/20/2017	1	\$100.00
0436499486-02	S.M.	KP Medical Care PC	20999	01/20/2017	2	\$3,625.00
0436499486-02	S.M.	KP Medical Care PC	95831	02/08/2017	1	\$218.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0436499486-02	S.M.	KP Medical Care PC	95833	02/08/2017	1	\$114.32
0436499486-02	S.M.	KP Medical Care PC	95851	02/08/2017	1	\$137.13
0436499486-02	S.M.	KP Medical Care PC	20999	03/03/2017	2	\$1,175.00
0436499486-02	S.M.	KP Medical Care PC	99215	03/03/2017	1	\$148.69
0436499486-02	S.M.	KP Medical Care PC	95927	03/03/2017	1	\$302.12
0284690559-02	S.D.	Ksenia Pavlova DO	20999	07/08/2013	2	\$750.00
0284992970-03	A.F.	Ksenia Pavlova DO	99244	09/09/2013	1	\$236.94
0284992970-03	A.F.	Ksenia Pavlova DO	20553	09/30/2013	1	\$119.10
0284992970-03	A.F.	Ksenia Pavlova DO	20999	09/30/2013	2	\$1,375.00
0284992970-03	A.F.	Ksenia Pavlova DO	99215	09/30/2013	1	\$148.69
0284992970-03	A.F.	Ksenia Pavlova DO	99215	11/29/2013	1	\$148.69
0285337622-01	A.J.	Ksenia Pavlova DO	20999	08/27/2013	2	\$1,200.00
0286190004-02	A.S.	Ksenia Pavlova DO	20553	07/18/2013	1	\$119.10
0286190004-02	A.S.	Ksenia Pavlova DO	20999	07/18/2013	2	\$2,250.00
0286190004-02	A.S.	Ksenia Pavlova DO	99244	07/18/2013	1	\$236.94
0286190004-02	A.S.	Ksenia Pavlova DO	20553	08/13/2013	1	\$119.10
0286190004-02	A.S.	Ksenia Pavlova DO	20999	08/13/2013	2	\$3,075.00
0286190004-02	A.S.	Ksenia Pavlova DO	99215	01/07/2014	1	\$148.69
0286562616-01	C.C.	Ksenia Pavlova DO	20999	07/15/2013	2	\$2,725.00
0286562616-01	C.C.	Ksenia Pavlova DO	99215	07/15/2013	1	\$148.69
0286562616-01	C.C.	Ksenia Pavlova DO	20999	07/12/2013	2	\$3,225.00
0286970512-02	C.H.	Ksenia Pavlova DO	20553	08/29/2013	1	\$119.10
0286970512-02	C.H.	Ksenia Pavlova DO	20999	08/29/2013	2	\$2,575.00
0286970512-02	C.H.	Ksenia Pavlova DO	99244	08/29/2013	1	\$236.94
0289515321-01	L.A.	Ksenia Pavlova DO	20553	07/01/2013	1	\$119.10
0289515321-01	L.A.	Ksenia Pavlova DO	20999	07/01/2013	2	\$1,225.00
0289515321-01	L.A.	Ksenia Pavlova DO	99244	07/01/2013	1	\$236.94
0289515321-02	V.P.	Ksenia Pavlova DO	20553	07/01/2013	1	\$119.10
0289515321-02	V.P.	Ksenia Pavlova DO	20999	07/01/2013	2	\$1,250.00
0289515321-02	V.P.	Ksenia Pavlova DO	99244	07/01/2013	1	\$236.94

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0289515321-02	V.P.	Ksenia Pavlova DO	20553	07/29/2013	1	\$119.10
0289515321-02	V.P.	Ksenia Pavlova DO	20999	07/29/2013	2	\$2,150.00
0289515321-02	V.P.	Ksenia Pavlova DO	99215	07/29/2013	1	\$148.69
0289515321-02	V.P.	Ksenia Pavlova DO	20553	08/12/2013	1	\$119.10
0289515321-02	V.P.	Ksenia Pavlova DO	20999	08/12/2013	2	\$2,900.00
0289515321-02	V.P.	Ksenia Pavlova DO	99215	08/12/2013	1	\$148.69
0289515321-02	V.P.	Ksenia Pavlova DO	20553	09/12/2013	1	\$119.10
0289515321-02	V.P.	Ksenia Pavlova DO	20999	09/12/2013	2	\$1,900.00
0289515321-02	V.P.	Ksenia Pavlova DO	99215	09/12/2013	1	\$148.69
0291039501-01	C.R.	Ksenia Pavlova DO	20553	07/08/2013	1	\$119.10
0291039501-01	C.R.	Ksenia Pavlova DO	20999	07/08/2013	2	\$2,250.00
0291039501-01	C.R.	Ksenia Pavlova DO	20553	06/28/2013	1	\$119.10
0291039501-01	C.R.	Ksenia Pavlova DO	20999	06/28/2013	1	\$675.00
0291039501-01	C.R.	Ksenia Pavlova DO	20999.7	06/28/2013	1	\$825.00
0291039501-01	C.R.	Ksenia Pavlova DO	20999,7	06/28/2013	1	\$75.00
0291039501-01	C.R.	Ksenia Pavlova DO	20553	08/19/2013	1	\$119.10
0291039501-01	C.R.	Ksenia Pavlova DO	20999	08/19/2013	2	\$2,575.00
0291039501-01	C.R.	Ksenia Pavlova DO	20553	10/08/2013	1	\$119.10
0291039501-01	C.R.	Ksenia Pavlova DO	20999	10/08/2013	2	\$3,050.00
0291039501-01	C.R.	Ksenia Pavlova DO	99215	10/08/2013	1	\$148.69
0291039501-01	C.R.	Ksenia Pavlova DO	20553	10/22/2013	1	\$119.10
0291039501-01	C.R.	Ksenia Pavlova DO	20999	10/22/2013	2	\$3,050.00
0291039501-01	C.R.	Ksenia Pavlova DO	99215	10/22/2013	1	\$148.69
0291301257-02	D.A.	Ksenia Pavlova DO	99244	10/21/2013	1	\$236.94
0291588705-02	A.P.	Ksenia Pavlova DO	20553	08/12/2013	1	\$119.10
0291588705-02	A.P.	Ksenia Pavlova DO	20999	08/12/2013	2	\$2,575.00
0293324331-02	D.M.	Ksenia Pavlova DO	20553	09/03/2013	1	\$119.10
0293324331-02	D.M.	Ksenia Pavlova DO	20999	09/03/2013	2	\$2,900.00
0293909230-02	J.B.	Ksenia Pavlova DO	20553	07/26/2013	1	\$119.10
0293909230-02	J.B.	Ksenia Pavlova DO	20999	07/26/2013	2	\$1,450.00

<p><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p>Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0293909230-06	T.D.	Ksenia Pavlova DO	20553	07/26/2013	1	\$119.10
0293909230-06	T.D.	Ksenia Pavlova DO	20999	07/26/2013	2	\$3,225.00
0294030985-02	C.B.	Ksenia Pavlova DO	20553	08/07/2013	1	\$119.10
0294030985-02	C.B.	Ksenia Pavlova DO	20999	08/07/2013	2	\$2,900.00
0294030985-02	C.B.	Ksenia Pavlova DO	99244	08/07/2013	1	\$236.94
0294124474-04	J.M.	Ksenia Pavlova DO	20553	08/13/2013	1	\$119.10
0294124474-04	J.M.	Ksenia Pavlova DO	20999	08/13/2013	2	\$850.00
0294124474-04	J.M.	Ksenia Pavlova DO	99244	08/13/2013	1	\$236.94
0294889332-02	F.B.	Ksenia Pavlova DO	20553	07/26/2013	1	\$119.10
0294889332-02	F.B.	Ksenia Pavlova DO	20999	07/26/2013	2	\$1,525.00
0295392310-02	A.S.	Ksenia Pavlova DO	20553	12/03/2013	1	\$119.10
0295392310-02	A.S.	Ksenia Pavlova DO	20999	12/03/2013	2	\$1,455.00
0295392310-02	A.S.	Ksenia Pavlova DO	99215	12/03/2013	1	\$148.69
0295851943-01	J.S.	Ksenia Pavlova DO	20999	08/19/2013	2	\$1,200.00
0297724700-06	G.F.	Ksenia Pavlova DO	20999	09/19/2013	2	\$2,250.00
0297724700-06	G.F.	Ksenia Pavlova DO	20999	10/22/2013	2	\$37.00
0297724700-06	G.F.	Ksenia Pavlova DO	99215	10/22/2013	1	\$148.69
0298235276-02	P.A.	Ksenia Pavlova DO	20553	09/05/2013	1	\$119.10
0298235276-02	P.A.	Ksenia Pavlova DO	20999	09/05/2013	1	\$1,525.00
0298350612-01	N.P.	Ksenia Pavlova DO	20553	09/03/2013	1	\$119.10
0298350612-01	N.P.	Ksenia Pavlova DO	20999	09/03/2013	2	\$1,300.00
0298350612-01	N.P.	Ksenia Pavlova DO	99215	12/13/2013	1	\$148.69
0298915281-02	J.T.	Ksenia Pavlova DO	20553	10/17/2013	1	\$119.10
0298915281-02	J.T.	Ksenia Pavlova DO	20999	10/17/2013	2	\$2,575.00
0298915281-02	J.T.	Ksenia Pavlova DO	99244	10/17/2013	1	\$236.94
0298915281-02	J.T.	Ksenia Pavlova DO	20553	11/07/2013	1	\$119.10
0298915281-02	J.T.	Ksenia Pavlova DO	20999	11/07/2013	2	\$1,750.00
0298915281-02	J.T.	Ksenia Pavlova DO	99215	11/07/2013	1	\$148.69
0299585850-02	L.G.	Ksenia Pavlova DO	99215	12/06/2013	1	\$148.69
0299585850-02	L.G.	Ksenia Pavlova DO	64422	01/31/2014	1	\$176.36

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0299585850-02	L.G.	Ksenia Pavlova DO	99215	01/31/2014	1	\$148.69
0300460441-02	K.S.	Ksenia Pavlova DO	20999	10/22/2013	2	\$1,225.00
0300460441-02	K.S.	Ksenia Pavlova DO	20553	12/10/2013	1	\$119.10
0300460441-02	K.S.	Ksenia Pavlova DO	20999	12/10/2013	2	\$2,275.00
0300460441-02	K.S.	Ksenia Pavlova DO	99215	12/10/2013	1	\$148.69
0302107560-01	M.J.	Ksenia Pavlova DO	20553	12/11/2013	1	\$119.10
0302107560-01	M.J.	Ksenia Pavlova DO	20999	12/11/2013	2	\$1,225.00
0302107560-01	M.J.	Ksenia Pavlova DO	99244	12/11/2013	1	\$236.94
0302571708-01	N.N.	Ksenia Pavlova DO	20999	10/31/2013	2	\$3,550.00
0302571708-01	N.N.	Ksenia Pavlova DO	99215	12/04/2013	1	\$148.69
0302571708-01	N.N.	Ksenia Pavlova DO	99215	03/12/2014	1	\$148.69
0302803937-05	B.S.	Ksenia Pavlova DO	99244	01/13/2014	1	\$236.94
0303041388-02	D.M.	Ksenia Pavlova DO	20553	10/29/2013	1	\$119.10
0303041388-02	D.M.	Ksenia Pavlova DO	20999	10/29/2013	2	\$3,225.00
0303041388-02	D.M.	Ksenia Pavlova DO	20553	02/06/2014	1	\$119.10
0303041388-02	D.M.	Ksenia Pavlova DO	20999	02/06/2014	2	\$1,582.00
0303041388-02	D.M.	Ksenia Pavlova DO	99215	02/06/2014	1	\$148.69
0303835698-03	J.F.	Ksenia Pavlova DO	20553	11/12/2013	1	\$119.10
0303835698-03	J.F.	Ksenia Pavlova DO	20999	11/12/2013	2	\$1,625.00
0303835698-03	J.F.	Ksenia Pavlova DO	99215	12/19/2013	1	\$148.69
0303835698-04	J.R.	Ksenia Pavlova DO	20553	11/05/2013	1	\$119.10
0303835698-04	J.R.	Ksenia Pavlova DO	20999	11/05/2013	2	\$1,575.00
0304067465-02	R.L.	Ksenia Pavlova DO	20999	10/29/2013	2	\$2,031.00
0304067465-02	R.L.	Ksenia Pavlova DO	20999	11/19/2013	2	\$29.25
0304067465-02	R.L.	Ksenia Pavlova DO	99215	11/19/2013	1	\$148.69
0304262934-04	X.E.	Ksenia Pavlova DO	99215	11/26/2013	1	\$148.69
0304262934-04	X.E.	Ksenia Pavlova DO	99215	12/18/2013	1	\$148.69
0304262934-04	X.E.	Ksenia Pavlova DO	64418	12/31/2013	1	\$176.36
0304262934-04	X.E.	Ksenia Pavlova DO	99215	12/31/2013	1	\$148.69
0304262934-04	X.E.	Ksenia Pavlova DO	64418	01/15/2014	1	\$176.36

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0304262934-04	X.E.	Ksenia Pavlova DO	99215	01/15/2014	1	\$148.69
0304262934-04	X.E.	Ksenia Pavlova DO	64418	01/22/2014	1	\$176.36
0304262934-04	X.E.	Ksenia Pavlova DO	99215	01/22/2014	1	\$148.69
0304716061-01	R.C.	Ksenia Pavlova DO	20553	11/05/2013	1	\$119.10
0304716061-01	R.C.	Ksenia Pavlova DO	20999	11/05/2013	2	\$3,225.00
0304716061-01	R.C.	Ksenia Pavlova DO	20999	11/19/2013	2	\$1,725.00
0305061376-02	A.V.	Ksenia Pavlova DO	99244	12/13/2013	1	\$236.94
0305061376-02	A.V.	Ksenia Pavlova DO	99244	12/13/2013	1	\$236.94
0305954190-01	A.W.	Ksenia Pavlova DO	20999	11/14/2013	2	\$532.00
0305954190-01	A.W.	Ksenia Pavlova DO	99244	11/14/2013	1	\$236.94
0306824244-08	S.T.	Ksenia Pavlova DO	20553	11/15/2013	1	\$119.10
0306824244-08	S.T.	Ksenia Pavlova DO	20999	11/15/2013	2	\$875.00
0306824244-08	S.T.	Ksenia Pavlova DO	99215	12/19/2013	1	\$148.69
0306824244-08	S.T.	Ksenia Pavlova DO	20553	03/13/2014	1	\$119.10
0306824244-08	S.T.	Ksenia Pavlova DO	20999	03/13/2014	2	\$2,275.00
0306824244-08	S.T.	Ksenia Pavlova DO	99215	03/13/2014	1	\$148.69
0309584018-02	K.M.	Ksenia Pavlova DO	99244	12/04/2013	1	\$236.94
0310861737-03	J.M.	Ksenia Pavlova DO	64419	12/31/2013	1	\$176.36
0310861737-03	J.M.	Ksenia Pavlova DO	99244	12/31/2013	1	\$236.94
0314369836-01	K.E.	Ksenia Pavlova DO	20553	05/22/2014	1	\$119.10
0314369836-01	K.E.	Ksenia Pavlova DO	20999	05/22/2014	2	\$2,275.00
0314369836-01	K.E.	Ksenia Pavlova DO	99244	05/22/2014	1	\$236.94
0314369836-02	M.E.	Ksenia Pavlova DO	99244	05/22/2014	1	\$236.94
0316749738-01	B.C.	Ksenia Pavlova DO	99244	05/08/2014	1	\$236.94
0318434412-03	P.T.	Ksenia Pavlova DO	99244	03/12/2014	1	\$236.94
0318434412-03	P.T.	Ksenia Pavlova DO	64418	05/27/2014	1	\$176.36
0318434412-03	P.T.	Ksenia Pavlova DO	99215	05/27/2014	1	\$148.69
0319061727-01	S.N.	Ksenia Pavlova DO	64422	05/09/2014	1	\$176.36
0319061727-01	S.N.	Ksenia Pavlova DO	99215	05/09/2014	1	\$148.69
0319061727-01	S.N.	Ksenia Pavlova DO	99244	05/22/2014	1	\$236.94

<p><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p>Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0320476492-01	G.M.	Ksenia Pavlova DO	20553	05/12/2014	1	\$119.10
0320476492-01	G.M.	Ksenia Pavlova DO	20999	05/12/2014	2	\$2,600.00
0320476492-01	G.M.	Ksenia Pavlova DO	99244	05/12/2014	1	\$236.94
0323613521-02	A.G.	Ksenia Pavlova DO	99244	05/30/2014	1	\$236.94
0324606623-02	L.C.	Ksenia Pavlova DO	64418	05/05/2014	1	\$176.36
0324606623-02	L.C.	Ksenia Pavlova DO	99244	05/05/2014	1	\$236.94
0324749084-04	C.G.	Ksenia Pavlova DO	99244	05/05/2014	1	\$236.94
0325275196-01	L.E.	Ksenia Pavlova DO	99244	05/15/2014	1	\$236.94
0326267416-10	L.G.	Ksenia Pavlova DO	99244	05/15/2014	1	\$236.94
0326267416-10	L.G.	Ksenia Pavlova DO	99215	06/12/2014	1	\$148.69
0342499539-01	J.R.	Ksenia Pavlova DO	99215	06/01/2015	1	\$148.69
0342499539-01	J.R.	Ksenia Pavlova DO	99215	06/29/2015	1	\$148.69
0358475275-04	C.L.	Ksenia Pavlova DO	99215	07/02/2015	1	\$148.69
0362861601-02	Y.A.	Ksenia Pavlova DO	99215	05/14/2015	1	\$148.69
0368003091-06	E.J.	Ksenia Pavlova DO	20553	10/21/2015	1	\$119.10
0368003091-06	E.J.	Ksenia Pavlova DO	20999	10/21/2015	2	\$2,275.00
0368003091-06	E.J.	Ksenia Pavlova DO	99244	10/21/2015	1	\$236.94
0369477179-02	J.M.	Ksenia Pavlova DO	64422	06/10/2015	1	\$176.36
0370811663-03	K.B.	Ksenia Pavlova DO	99215	07/02/2015	1	\$148.69
0374124246-03	P.G.	Ksenia Pavlova DO	97010	07/13/2015-07/27/2015	3	\$54.75
0374124246-03	P.G.	Ksenia Pavlova DO	97110	07/13/2015-07/27/2015	3	\$69.54
0374124246-03	P.G.	Ksenia Pavlova DO	97124	07/13/2015-07/27/2015	3	\$60.63
0374124246-03	P.G.	Ksenia Pavlova DO	64550	06/08/2015-07/27/2015	11	\$806.30
0374124246-03	P.G.	Ksenia Pavlova DO	97799	07/13/2015-07/27/2015	3	\$148.50
0374124246-03	P.G.	Ksenia Pavlova DO	97799	06/08/2015-07/06/2015	8	\$396.00
0374124246-03	P.G.	Ksenia Pavlova DO	99220	06/03/2015	1	\$182.58
0374124246-03	P.G.	Ksenia Pavlova DO	97010	06/08/2015-07/06/2015	8	\$146.00
0374124246-03	P.G.	Ksenia Pavlova DO	97110	06/08/2015-07/06/2015	8	\$185.44
0374124246-03	P.G.	Ksenia Pavlova DO	97124	06/08/2015-07/06/2015	8	\$161.68
0374124246-03	P.G.	Ksenia Pavlova DO	64550	06/08/2015-07/06/2015	8	\$586.40

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0374124246-03	P.G.	Ksenia Pavlova DO	64550	07/13/2015-07/27/2015	3	\$219.90
0374124246-03	P.G.	Ksenia Pavlova DO	99215	07/31/2015	1	\$148.69
0374124246-03	P.G.	Ksenia Pavlova DO	99244	08/06/2015	1	\$236.94
0374512275-02	B.S.	Ksenia Pavlova DO	95861	08/06/2015	1	\$241.50
0374512275-02	B.S.	Ksenia Pavlova DO	99244	08/06/2015	1	\$236.94
0374512275-02	B.S.	Ksenia Pavlova DO	95831	07/22/2015	1	\$218.00
0374512275-02	B.S.	Ksenia Pavlova DO	95833	07/22/2015	1	\$114.32
0374512275-02	B.S.	Ksenia Pavlova DO	95851	07/22/2015	1	\$137.13
0374512275-02	B.S.	Ksenia Pavlova DO	99215	09/22/2015	1	\$148.69
0374512275-02	B.S.	Ksenia Pavlova DO	95831	09/22/2015	1	\$130.80
0374512275-02	B.S.	Ksenia Pavlova DO	95833	09/22/2015	1	\$114.32
0374512275-02	B.S.	Ksenia Pavlova DO	95851	09/22/2015	1	\$137.13
0374512275-02	B.S.	Ksenia Pavlova DO	97750	10/05/2015	1	\$249.96
0374512275-03	Z.S.	Ksenia Pavlova DO	99244	08/06/2015	1	\$236.94
0374512275-03	Z.S.	Ksenia Pavlova DO	95861	08/06/2015	1	\$241.50
0374512275-03	Z.S.	Ksenia Pavlova DO	95831	07/27/2015	1	\$305.20
0374512275-03	Z.S.	Ksenia Pavlova DO	95833	07/27/2015	1	\$114.32
0374512275-03	Z.S.	Ksenia Pavlova DO	95851	07/27/2015	1	\$182.84
0374512275-03	Z.S.	Ksenia Pavlova DO	95927	08/06/2015	1	\$302.12
0374512275-03	Z.S.	Ksenia Pavlova DO	99215	09/22/2015	1	\$148.69
0374512275-03	Z.S.	Ksenia Pavlova DO	97750	09/22/2015	1	\$249.96
0374512275-03	Z.S.	Ksenia Pavlova DO	97750	09/22/2015	1	\$249.96
0374512275-03	Z.S.	Ksenia Pavlova DO	95831	10/05/2015	1	\$305.20
0374512275-03	Z.S.	Ksenia Pavlova DO	95833	10/05/2015	1	\$114.32
0374512275-03	Z.S.	Ksenia Pavlova DO	95851	10/05/2015	1	\$228.55
0374553048-02	E.F.	Ksenia Pavlova DO	95903	07/23/2015	1	\$665.88
0374553048-02	E.F.	Ksenia Pavlova DO	95904	07/23/2015	1	\$638.82
0374553048-02	E.F.	Ksenia Pavlova DO	95926	07/23/2015	1	\$302.12
0374553048-02	E.F.	Ksenia Pavlova DO	99215	08/10/2015	1	\$148.69
0374553048-02	E.F.	Ksenia Pavlova DO	99215	09/10/2015	1	\$148.69

<p><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p>Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0374553048-02	E.F.	Ksenia Pavlova DO	95831	10/08/2015	1	\$130.80
0374553048-02	E.F.	Ksenia Pavlova DO	95833	10/08/2015	1	\$114.32
0374553048-02	E.F.	Ksenia Pavlova DO	95851	10/08/2015	1	\$91.42
0374553048-02	E.F.	Ksenia Pavlova DO	99215	10/20/2015	1	\$148.69
0375170644-02	M.R.	Ksenia Pavlova DO	99244	07/09/2015	1	\$236.94
0375170644-04	L.A.	Ksenia Pavlova DO	99244	07/09/2015	1	\$236.94
0375170644-04	L.A.	Ksenia Pavlova DO	99215	07/31/2015	1	\$148.69
0375170644-04	L.A.	Ksenia Pavlova DO	99215	10/01/2015	1	\$148.69
0376459327-01	R.G.	Ksenia Pavlova DO	20553	07/31/2015	1	\$119.10
0376459327-01	R.G.	Ksenia Pavlova DO	20999	07/31/2015	2	\$2,600.00
0376459327-01	R.G.	Ksenia Pavlova DO	99244	07/31/2015	1	\$236.94
0377476239-01	L.C.	Ksenia Pavlova DO	20553	07/31/2015	1	\$119.10
0377476239-01	L.C.	Ksenia Pavlova DO	20999	07/31/2015	3	\$2,275.00
0377476239-01	L.C.	Ksenia Pavlova DO	99244	07/31/2015	1	\$236.94
0377476239-01	L.C.	Ksenia Pavlova DO	99215	10/01/2015	1	\$148.69
0377476239-01	L.C.	Ksenia Pavlova DO	99215	10/05/2015	1	\$148.69
0380106203-01	S.F.	Ksenia Pavlova DO	99215	09/28/2015	1	\$148.69
0380106203-01	S.F.	Ksenia Pavlova DO	99215	10/05/2015	1	\$148.69
0380809228-02	C.A.	Ksenia Pavlova DO	99244	08/25/2015	1	\$236.94
0380809228-02	C.A.	Ksenia Pavlova DO	20610	09/22/2015	1	\$57.26
0380809228-02	C.A.	Ksenia Pavlova DO	76942	09/22/2015	1	\$262.91
0380809228-02	C.A.	Ksenia Pavlova DO	99215	09/22/2015	1	\$148.69
0380809228-02	C.A.	Ksenia Pavlova DO	95831	10/05/2015	1	\$305.20
0380809228-02	C.A.	Ksenia Pavlova DO	95833	10/05/2015	1	\$114.32
0380809228-02	C.A.	Ksenia Pavlova DO	95851	10/05/2015	1	\$182.84
0380809228-02	C.A.	Ksenia Pavlova DO	99215	10/06/2015	1	\$148.69
0380809228-02	C.A.	Ksenia Pavlova DO	97750	10/08/2015	1	\$249.96
0380809228-05	T.T.	Ksenia Pavlova DO	99244	08/17/2015	1	\$236.94
0380809228-05	T.T.	Ksenia Pavlova DO	99215	09/17/2015	1	\$148.69
0380809228-05	T.T.	Ksenia Pavlova DO	99215	10/20/2015	1	\$148.69

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0380809228-06	C.D.	Ksenia Pavlova DO	99244	08/17/2015	1	\$236.94
0380809228-07	B.G.	Ksenia Pavlova DO	99244	08/17/2015	1	\$236.94
0380809228-07	B.G.	Ksenia Pavlova DO	95831	09/14/2015	1	\$348.80
0380809228-07	B.G.	Ksenia Pavlova DO	95833	09/14/2015	1	\$114.32
0380809228-07	B.G.	Ksenia Pavlova DO	95851	09/14/2015	1	\$182.84
0380809228-07	B.G.	Ksenia Pavlova DO	95903	10/15/2015	1	\$665.88
0380809228-07	B.G.	Ksenia Pavlova DO	95904	10/15/2015	1	\$425.88
0380809228-07	B.G.	Ksenia Pavlova DO	95934	10/15/2015	1	\$239.98
0380809228-07	B.G.	Ksenia Pavlova DO	95926	10/15/2015	1	\$302.12
0431774421-02	P.C.	Ksenia Pavlova DO	97750	10/13/2016	1	\$249.96
0431774421-03	D.S.	Ksenia Pavlova DO	95903	10/17/2016	1	\$665.88
0431774421-03	D.S.	Ksenia Pavlova DO	95904	10/17/2016	1	\$425.88
0431774421-03	D.S.	Ksenia Pavlova DO	95934	10/17/2016	1	\$239.98
0431774421-03	D.S.	Ksenia Pavlova DO	97750	10/13/2016	1	\$249.96
0431774421-03	D.S.	Ksenia Pavlova DO	95926	10/17/2016	1	\$302.12
0431774421-04	M.J.	Ksenia Pavlova DO	97750	10/13/2016	1	\$249.96
0431774421-05	M.T.	Ksenia Pavlova DO	95903	10/17/2016	1	\$1,304.70
0431774421-05	M.T.	Ksenia Pavlova DO	97750	10/13/2016	1	\$249.96
0431774421-05	M.T.	Ksenia Pavlova DO	97750	02/27/2017	1	\$249.96
0211701685-05	J.L.	Island Life Chiropractic Pain Care PLLC	95999	12/07/2011	1	\$1,022.00
0211701685-05	J.L.	Island Life Chiropractic Pain Care PLLC	95999	12/07/2011	1	\$1,314.00
0212571806-03	A.D.	Island Life Chiropractic Pain Care PLLC	95999	10/12/2011	1	\$1,314.00
0212571806-03	A.D.	Island Life Chiropractic Pain Care PLLC	95999	10/12/2011	1	\$1,022.00
0217120120-03	Y.B.	Island Life Chiropractic Pain Care PLLC	95999	10/12/2011	1	\$1,314.00
0217120120-03	Y.B.	Island Life Chiropractic Pain Care PLLC	95999	10/12/2011	1	\$1,022.00
0223443532-05	R.M.	Island Life Chiropractic Pain Care PLLC	95999	11/23/2011	1	\$1,314.00
0223443532-07	B.B.	Island Life Chiropractic Pain Care PLLC	97139	04/03/2012	1	\$16.70
0223443532-07	B.B.	Island Life Chiropractic Pain Care PLLC	98941	04/03/2012-04/13/2012	2	\$69.36
0223443532-07	B.B.	Island Life Chiropractic Pain Care PLLC	99214	04/03/2012	1	\$48.90
0228760237-01	K.L.	Island Life Chiropractic Pain Care PLLC	97139	04/25/2012	1	\$16.70

<p><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p>Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0229571665-03	S.F.	Island Life Chiropractic Pain Care PLLC	97139	04/23/2012-05/30/2012	3	\$50.10
0229571665-03	S.F.	Island Life Chiropractic Pain Care PLLC	97139	06/18/2012-06/25/2012	2	\$33.40
0229571665-03	S.F.	Island Life Chiropractic Pain Care PLLC	98941	06/18/2012-06/25/2012	2	\$69.36
0230271157-06	R.M.	Island Life Chiropractic Pain Care PLLC	95999	03/27/2012	1	\$1,022.00
0230710758-01	M.G.	Island Life Chiropractic Pain Care PLLC	95999	12/21/2011	1	\$1,314.00
0231030412-01	R.H.	Island Life Chiropractic Pain Care PLLC	98941	03/29/2012	1	\$34.68
0231030412-01	R.H.	Island Life Chiropractic Pain Care PLLC	99212	03/29/2012	1	\$26.41
0231928466-01	G.M.	Island Life Chiropractic Pain Care PLLC	95999	01/25/2012	1	\$1,314.00
0231928466-01	G.M.	Island Life Chiropractic Pain Care PLLC	97139	05/15/2012-05/18/2012	2	\$33.40
0231928466-01	G.M.	Island Life Chiropractic Pain Care PLLC	98940	05/15/2012	1	\$26.41
0231928466-01	G.M.	Island Life Chiropractic Pain Care PLLC	98941	05/18/2012	1	\$34.68
0232367730-01	L.C.	Island Life Chiropractic Pain Care PLLC	99212	03/20/2012	1	\$26.41
0232367730-09	S.J.	Island Life Chiropractic Pain Care PLLC	95999	02/24/2012	1	\$1,022.00
0232442087-03	A.L.	Island Life Chiropractic Pain Care PLLC	95999	01/25/2012	1	\$1,314.00
0232442087-03	A.L.	Island Life Chiropractic Pain Care PLLC	95999	01/25/2012	1	\$1,022.00
0232442087-03	A.L.	Island Life Chiropractic Pain Care PLLC	97139	03/21/2012-04/16/2012	5	\$83.50
0232442087-03	A.L.	Island Life Chiropractic Pain Care PLLC	98941	03/21/2012-04/16/2012	5	\$173.40
0232442087-03	A.L.	Island Life Chiropractic Pain Care PLLC	99212	03/21/2012	1	\$26.41
0232442087-03	A.L.	Island Life Chiropractic Pain Care PLLC	97139	05/29/2012	1	\$16.70
0232442087-03	A.L.	Island Life Chiropractic Pain Care PLLC	98941	05/29/2012	1	\$34.68
0232442087-03	A.L.	Island Life Chiropractic Pain Care PLLC	99212	05/29/2012	1	\$26.41
0236474912-03	T.N.	Island Life Chiropractic Pain Care PLLC	95999	03/07/2012	1	\$1,314.00
0236474912-03	T.N.	Island Life Chiropractic Pain Care PLLC	95999	03/07/2012	1	\$1,022.00
0236474912-03	T.N.	Island Life Chiropractic Pain Care PLLC	98941	06/22/2012-07/06/2012	2	\$69.36
0237989108-03	E.E.	Island Life Chiropractic Pain Care PLLC	95999	03/27/2012	1	\$1,022.00
0237989108-03	E.E.	Island Life Chiropractic Pain Care PLLC	99455	03/19/2012	1	\$350.00
0237989108-03	E.E.	Island Life Chiropractic Pain Care PLLC	95999	03/27/2012	1	\$1,314.00
0237989108-03	E.E.	Island Life Chiropractic Pain Care PLLC	99212	05/18/2012	1	\$26.41
0240366203-03	O.L.	Island Life Chiropractic Pain Care PLLC	95999	04/17/2012	1	\$1,314.00
0240366203-03	O.L.	Island Life Chiropractic Pain Care PLLC	99455	04/09/2012	1	\$350.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0241444553-05	K.L.	Island Life Chiropractic Pain Care PLLC	95999	04/24/2012	1	\$1,022.00
0241444553-05	K.L.	Island Life Chiropractic Pain Care PLLC	95999	04/24/2012	1	\$1,314.00
0241444553-05	K.L.	Island Life Chiropractic Pain Care PLLC	99455	04/17/2012	1	\$350.00
0241444553-05	K.L.	Island Life Chiropractic Pain Care PLLC	99212	08/02/2012	1	\$26.41
0245880257-03	T.M.	Island Life Chiropractic Pain Care PLLC	97139	10/23/2012	1	\$16.70
0245880257-03	T.M.	Island Life Chiropractic Pain Care PLLC	98940	10/23/2012	1	\$26.41
0245880257-03	T.M.	Island Life Chiropractic Pain Care PLLC	97139	01/11/2013-01/29/2013	4	\$66.80
0245880257-03	T.M.	Island Life Chiropractic Pain Care PLLC	98940	01/11/2013-01/29/2013	4	\$105.64
0245880257-03	T.M.	Island Life Chiropractic Pain Care PLLC	97139	01/31/2013	1	\$16.70
0245880257-03	T.M.	Island Life Chiropractic Pain Care PLLC	98940	01/31/2013	1	\$26.41
0246761522-01	D.H.	Island Life Chiropractic Pain Care PLLC	99455	06/04/2012	1	\$350.00
0246761522-01	D.H.	Island Life Chiropractic Pain Care PLLC	95999	07/24/2012	1	\$1,314.00
0246761522-01	D.H.	Island Life Chiropractic Pain Care PLLC	97139	08/22/2012-09/26/2012	8	\$133.60
0246761522-01	D.H.	Island Life Chiropractic Pain Care PLLC	97139	10/02/2012-10/05/2012	2	\$33.40
0246761522-01	D.H.	Island Life Chiropractic Pain Care PLLC	98940	10/02/2012-10/05/2012	2	\$52.82
0247042302-01	B.B.	Island Life Chiropractic Pain Care PLLC	99455	06/29/2012	1	\$350.00
0247042302-01	B.B.	Island Life Chiropractic Pain Care PLLC	97139	07/02/2012-08/01/2012	11	\$183.70
0247042302-01	B.B.	Island Life Chiropractic Pain Care PLLC	97139	09/20/2012-11/05/2012	8	\$133.60
0247042302-01	B.B.	Island Life Chiropractic Pain Care PLLC	97139	11/13/2012-11/19/2012	2	\$33.40
0247042302-01	B.B.	Island Life Chiropractic Pain Care PLLC	98941	11/13/2012	1	\$34.68
0247042302-01	B.B.	Island Life Chiropractic Pain Care PLLC	98940	11/19/2012	1	\$26.41
0247042302-01	B.B.	Island Life Chiropractic Pain Care PLLC	99212	12/27/2012	1	\$26.41
0247385354-01	J.E.	Island Life Chiropractic Pain Care PLLC	97139	07/12/2012-07/24/2012	6	\$100.20
0247385354-01	J.E.	Island Life Chiropractic Pain Care PLLC	99212	07/17/2012	1	\$25.41
0247385354-01	J.E.	Island Life Chiropractic Pain Care PLLC	97139	08/06/2012-08/13/2012	2	\$33.40
0247385354-01	J.E.	Island Life Chiropractic Pain Care PLLC	97139	08/29/2012-09/27/2012	10	\$167.00
0247385354-01	J.E.	Island Life Chiropractic Pain Care PLLC	97139	11/08/2012-11/14/2012	2	\$33.40
0247385354-01	J.E.	Island Life Chiropractic Pain Care PLLC	98940	11/08/2012-11/14/2012	2	\$52.82
0247385354-03	L.B.	Island Life Chiropractic Pain Care PLLC	99203	06/07/2012	1	\$54.74
0247385354-03	L.B.	Island Life Chiropractic Pain Care PLLC	97139	06/08/2012-07/10/2012	10	\$167.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0247385354-03	L.B.	Island Life Chiropractic Pain Care PLLC	98940	06/08/2012-07/10/2012	8	\$211.28
0247385354-03	L.B.	Island Life Chiropractic Pain Care PLLC	98941	06/15/2012-06/18/2012	2	\$69.36
0247385354-03	L.B.	Island Life Chiropractic Pain Care PLLC	97139	07/11/2012-07/19/2012	4	\$66.80
0247385354-03	L.B.	Island Life Chiropractic Pain Care PLLC	98940	07/11/2012-07/19/2012	4	\$105.64
0247385354-03	L.B.	Island Life Chiropractic Pain Care PLLC	99212	07/19/2012	1	\$26.41
0247385354-03	L.B.	Island Life Chiropractic Pain Care PLLC	97139	07/25/2012-08/13/2012	3	\$50.10
0247385354-03	L.B.	Island Life Chiropractic Pain Care PLLC	98940	07/25/2012-08/13/2012	3	\$79.23
0247385354-03	L.B.	Island Life Chiropractic Pain Care PLLC	97139	08/22/2012-09/26/2012	8	\$133.60
0247385354-03	L.B.	Island Life Chiropractic Pain Care PLLC	98940	08/22/2012-09/26/2012	7	\$184.87
0247385354-03	L.B.	Island Life Chiropractic Pain Care PLLC	98941	09/19/2012	1	\$34.68
0247385354-04	R.K.	Island Life Chiropractic Pain Care PLLC	97139	06/25/2012-07/10/2012	8	\$133.60
0247385354-04	R.K.	Island Life Chiropractic Pain Care PLLC	97139	06/08/2012-06/20/2012	7	\$116.90
0247385354-04	R.K.	Island Life Chiropractic Pain Care PLLC	97139	07/11/2012-07/25/2012	6	\$100.20
0247385354-04	R.K.	Island Life Chiropractic Pain Care PLLC	97139	07/31/2012-08/16/2012	5	\$83.50
0247385354-04	R.K.	Island Life Chiropractic Pain Care PLLC	97139	10/12/2012	1	\$16.70
0247385354-04	R.K.	Island Life Chiropractic Pain Care PLLC	98941	10/12/2012	1	\$34.68
0247385354-05	R.I.	Island Life Chiropractic Pain Care PLLC	97139	06/08/2012-07/05/2012	10	\$167.00
0247385354-05	R.I.	Island Life Chiropractic Pain Care PLLC	97139	07/23/2012-07/25/2012	3	\$50.10
0247385354-05	R.I.	Island Life Chiropractic Pain Care PLLC	97139	08/02/2012-08/08/2012	3	\$50.10
0250464211-01	O.S.	Island Life Chiropractic Pain Care PLLC	95999	06/05/2012	1	\$1,022.00
0250464211-01	O.S.	Island Life Chiropractic Pain Care PLLC	95999	06/05/2012	1	\$1,314.00
0250464211-01	O.S.	Island Life Chiropractic Pain Care PLLC	97139	05/30/2012-06/19/2012	5	\$83.50
0250464211-01	O.S.	Island Life Chiropractic Pain Care PLLC	99203	05/30/2012	1	\$54.74
0250464211-01	O.S.	Island Life Chiropractic Pain Care PLLC	98941	06/01/2012-06/19/2012	4	\$138.72
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	95999	07/31/2012	1	\$1,022.00
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	97139	07/30/2012-08/13/2012	6	\$100.20
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	99212	10/01/2012	1	\$26.41
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	97139	11/14/2012-11/26/2012	4	\$66.80
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	98941	11/14/2012-11/26/2012	4	\$138.72
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	97139	11/29/2012-01/02/2013	7	\$116.90

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	98940	11/29/2012-01/02/2013	6	\$158.46
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	98941	12/12/2012	1	\$34.68
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	97139	01/09/2013	1	\$16.70
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	98941	01/09/2013	1	\$34.68
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	97139	02/18/2013-02/28/2013	4	\$66.80
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	98940	02/18/2013	1	\$26.41
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	98941	02/22/2013-02/28/2013	3	\$104.04
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	97139	03/05/2013-03/13/2013	3	\$50.10
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	98941	03/05/2013-03/13/2013	3	\$104.04
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	97139	03/18/2013-03/21/2013	2	\$33.40
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	98941	03/18/2013	1	\$34.68
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	99212	03/18/2013	1	\$26.41
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	98940	03/21/2013	1	\$26.41
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	97139	04/09/2013-04/15/2013	2	\$33.40
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	98941	04/09/2013	1	\$34.68
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	98940	04/15/2013	1	\$26.41
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	97139	04/18/2013-04/29/2013	4	\$66.80
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	98940	04/18/2013-04/26/2013	3	\$79.23
0253727044-01	G.M.	Island Life Chiropractic Pain Care PLLC	98941	04/29/2013-05/02/2013	2	\$69.36
0253727044-04	D.M.	Island Life Chiropractic Pain Care PLLC	95999	07/17/2012	1	\$1,022.00
0253727044-04	D.M.	Island Life Chiropractic Pain Care PLLC	97139	07/12/2012-08/20/2012	11	\$183.70
0253727044-04	D.M.	Island Life Chiropractic Pain Care PLLC	95999	07/17/2012	1	\$1,314.00
0253727044-04	D.M.	Island Life Chiropractic Pain Care PLLC	97139	08/28/2012-09/20/2012	5	\$83.50
0253727044-04	D.M.	Island Life Chiropractic Pain Care PLLC	99212	09/17/2012	1	\$26.41
0253727044-04	D.M.	Island Life Chiropractic Pain Care PLLC	97139	12/03/2012-01/02/2013	11	\$183.70
0253727044-04	D.M.	Island Life Chiropractic Pain Care PLLC	98940	12/03/2012-01/02/2013	11	\$290.51
0253727044-04	D.M.	Island Life Chiropractic Pain Care PLLC	97139	01/07/2013	1	\$16.70
0253727044-04	D.M.	Island Life Chiropractic Pain Care PLLC	98940	01/07/2013	1	\$26.41
0253727044-04	D.M.	Island Life Chiropractic Pain Care PLLC	99212	01/09/2013	1	\$26.41
0253727044-14	M.B.	Island Life Chiropractic Pain Care PLLC	99455	08/02/2012	1	\$350.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0253727044-14	M.B.	Island Life Chiropractic Pain Care PLLC	97139	08/22/2012	1	\$16.70
0253727044-14	M.B.	Island Life Chiropractic Pain Care PLLC	98941	08/22/2012	1	\$34.68
0256679861-06	J.P.	Island Life Chiropractic Pain Care PLLC	99203	08/28/2012	1	\$54.74
0256679861-06	J.P.	Island Life Chiropractic Pain Care PLLC	97139	08/29/2012-10/01/2012	8	\$133.60
0256679861-06	J.P.	Island Life Chiropractic Pain Care PLLC	98940	08/29/2012	1	\$26.41
0256679861-06	J.P.	Island Life Chiropractic Pain Care PLLC	98941	08/30/2012-10/01/2012	7	\$242.76
0256679861-06	J.P.	Island Life Chiropractic Pain Care PLLC	95999	09/19/2012	1	\$1,022.00
0256679861-06	J.P.	Island Life Chiropractic Pain Care PLLC	97139	10/08/2012-10/15/2012	2	\$33.40
0256679861-06	J.P.	Island Life Chiropractic Pain Care PLLC	98941	10/08/2012-10/15/2012	2	\$69.36
0256679861-06	J.P.	Island Life Chiropractic Pain Care PLLC	97139	11/06/2012	1	\$16.70
0256679861-06	J.P.	Island Life Chiropractic Pain Care PLLC	98940	11/06/2012	1	\$26.41
0256679861-07	S.C.	Island Life Chiropractic Pain Care PLLC	99203	08/28/2012	1	\$54.74
0256679861-07	S.C.	Island Life Chiropractic Pain Care PLLC	97139	08/29/2012-09/25/2012	3	\$50.10
0256679861-07	S.C.	Island Life Chiropractic Pain Care PLLC	98940	08/29/2012-09/25/2012	3	\$79.23
0256679861-07	S.C.	Island Life Chiropractic Pain Care PLLC	97139	10/09/2012	1	\$16.70
0256679861-07	S.C.	Island Life Chiropractic Pain Care PLLC	98940	10/09/2012	1	\$26.41
0256679861-07	S.C.	Island Life Chiropractic Pain Care PLLC	97139	12/10/2012	1	\$16.70
0256679861-07	S.C.	Island Life Chiropractic Pain Care PLLC	98940	12/10/2012	1	\$26.41
0258075928-01	C.L.	Island Life Chiropractic Pain Care PLLC	95999	09/19/2012	1	\$1,022.00
0258075928-01	C.L.	Island Life Chiropractic Pain Care PLLC	95999	09/19/2012	1	\$1,314.00
0259040152-03	R.J.	Island Life Chiropractic Pain Care PLLC	95999	11/01/2012	1	\$1,314.00
0260066378-01	S.R.	Island Life Chiropractic Pain Care PLLC	95999	11/05/2012	1	\$1,022.00
0260066378-05	F.C.	Island Life Chiropractic Pain Care PLLC	95999	11/06/2012	1	\$1,314.00
0283577740-02	J.A.	Island Life Chiropractic Pain Care PLLC	95999	06/05/2013	1	\$1,314.00
0283577740-02	J.A.	Island Life Chiropractic Pain Care PLLC	95999	06/05/2013	1	\$1,022.00
0296244239-02	B.H.	Island Life Chiropractic Pain Care PLLC	95999	09/24/2013	1	\$1,022.00
0296244239-02	B.H.	Island Life Chiropractic Pain Care PLLC	95999	09/24/2013	1	\$1,314.00
0299585850-02	L.G.	Island Life Chiropractic Pain Care PLLC	95999	02/14/2014	1	\$1,022.00
0303475743-01	M.G.	Island Life Chiropractic Pain Care PLLC	95999	11/05/2013	1	\$1,022.00
0303475743-01	M.G.	Island Life Chiropractic Pain Care PLLC	95999	11/05/2013	1	\$1,679.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0303475743-01	M.G.	Island Life Chiropractic Pain Care PLLC	95999	11/05/2013	1	\$2,336.00
0326267416-02	R.F.	Island Life Chiropractic Pain Care PLLC	95999	07/01/2014	1	\$949.00
0326267416-10	L.G.	Island Life Chiropractic Pain Care PLLC	95999	06/05/2014	1	\$1,022.00
0374512275-02	B.S.	Island Life Chiropractic Pain Care PLLC	95999	07/09/2015	1	\$1,022.00
0374512275-02	B.S.	Island Life Chiropractic Pain Care PLLC	95999	07/09/2015	1	\$1,314.00
0374512275-03	Z.S.	Island Life Chiropractic Pain Care PLLC	95999	07/16/2015	1	\$1,022.00
0374512275-03	Z.S.	Island Life Chiropractic Pain Care PLLC	95999	07/16/2015	1	\$1,314.00
0374553048-02	E.F.	Island Life Chiropractic Pain Care PLLC	95999	07/21/2015	1	\$1,022.00
0374553048-02	E.F.	Island Life Chiropractic Pain Care PLLC	95999	07/21/2015	1	\$1,314.00
0380809228-02	C.A.	Island Life Chiropractic Pain Care PLLC	95999	08/25/2015	1	\$2,336.00
0380809228-05	T.T.	Island Life Chiropractic Pain Care PLLC	95999	09/28/2015	1	\$2,336.00
0380809228-06	C.D.	Island Life Chiropractic Pain Care PLLC	95999	08/25/2015	1	\$2,336.00
0380809228-07	B.G.	Island Life Chiropractic Pain Care PLLC	95999	08/25/2015	1	\$2,336.00
0398385996-02	F.P.	Island Life Chiropractic Pain Care PLLC	95999	01/14/2016	1	\$2,336.00
3966876891-02	A.I.	Island Life Chiropractic Pain Care PLLC	97139	04/17/2012-05/21/2012	13	\$217.10
3966876891-02	A.I.	Island Life Chiropractic Pain Care PLLC	98941	04/17/2012-04/19/2012	2	\$69.36
3966876891-02	A.I.	Island Life Chiropractic Pain Care PLLC	99212	04/17/2012	1	\$26.41
3966876891-02	A.I.	Island Life Chiropractic Pain Care PLLC	98940	04/23/2012-05/21/2012	11	\$290.51
4817002837-02	C.C.	Island Life Chiropractic Pain Care PLLC	95999	02/08/2012	1	\$1,314.00
4817002837-02	C.C.	Island Life Chiropractic Pain Care PLLC	95999	02/08/2012	1	\$1,022.00
4817002837-02	C.C.	Island Life Chiropractic Pain Care PLLC	97139	06/26/2012	1	\$16.70
4817002837-02	C.C.	Island Life Chiropractic Pain Care PLLC	98941	06/26/2012	1	\$34.68
4817002837-02	C.C.	Island Life Chiropractic Pain Care PLLC	99212	06/26/2012	1	\$26.41
0245880257-03	T.M.	Maria Shiela Masigla PT	97799	02/28/2013-03/08/2013	3	\$148.50
0245880257-03	T.M.	Maria Shiela Masigla PT	97010	02/28/2013-03/08/2013	3	\$54.75
0245880257-03	T.M.	Maria Shiela Masigla PT	97110	02/28/2013-03/08/2013	3	\$69.54
0245880257-03	T.M.	Maria Shiela Masigla PT	97124	02/28/2013-03/08/2013	3	\$60.63
0245880257-03	T.M.	Maria Shiela Masigla PT	64550	02/28/2013-03/08/2013	3	\$219.90
0245880257-03	T.M.	Maria Shiela Masigla PT	97010	03/14/2013-03/26/2013	4	\$73.00
0245880257-03	T.M.	Maria Shiela Masigla PT	97110	03/14/2013-03/26/2013	4	\$92.72

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0245880257-03	T.M.	Maria Shiela Masigla PT	97124	03/14/2013-03/26/2013	4	\$80.84
0245880257-03	T.M.	Maria Shiela Masigla PT	64550	03/14/2013-03/26/2013	4	\$293.20
0245880257-03	T.M.	Maria Shiela Masigla PT	97799	03/14/2013-03/26/2013	4	\$198.00
0245880257-03	T.M.	Maria Shiela Masigla PT	97799	03/29/2013-04/03/2013	2	\$99.00
0245880257-03	T.M.	Maria Shiela Masigla PT	97010	03/29/2013-04/03/2013	2	\$36.50
0245880257-03	T.M.	Maria Shiela Masigla PT	97110	03/29/2013-04/03/2013	2	\$46.36
0245880257-03	T.M.	Maria Shiela Masigla PT	97124	03/29/2013-04/03/2013	2	\$40.42
0245880257-03	T.M.	Maria Shiela Masigla PT	64550	03/29/2013-04/03/2013	2	\$146.60
0246761522-01	D.H.	Maria Shiela Masigla PT	97799	06/04/2012-07/02/2012	12	\$594.00
0246761522-01	D.H.	Maria Shiela Masigla PT	64550	06/04/2012-07/02/2012	13	\$952.90
0246761522-01	D.H.	Maria Shiela Masigla PT	64550	07/03/2012-08/03/2012	7	\$513.10
0246761522-01	D.H.	Maria Shiela Masigla PT	97110	07/03/2012-08/03/2012	7	\$234.78
0246761522-01	D.H.	Maria Shiela Masigla PT	97124	07/03/2012-08/03/2012	7	\$98.28
0246761522-01	D.H.	Maria Shiela Masigla PT	97799	08/07/2012-08/29/2012	8	\$396.00
0246761522-01	D.H.	Maria Shiela Masigla PT	64550	08/07/2012-09/18/2012	13	\$952.90
0247042302-01	B.B.	Maria Shiela Masigla PT	64550	06/28/2012-07/25/2012	12	\$879.60
0247042302-01	B.B.	Maria Shiela Masigla PT	97799	06/28/2012-07/25/2012	12	\$594.00
0247042302-01	B.B.	Maria Shiela Masigla PT	97799	07/30/2012-08/01/2012	2	\$99.00
0247042302-01	B.B.	Maria Shiela Masigla PT	64550	07/30/2012-08/01/2012	2	\$146.60
0247042302-01	B.B.	Maria Shiela Masigla PT	64550	08/03/2012-09/10/2012	10	\$733.00
0247042302-01	B.B.	Maria Shiela Masigla PT	97799	08/03/2012-08/29/2012	7	\$346.50
0247042302-01	B.B.	Maria Shiela Masigla PT	64550	09/18/2012-10/23/2012	8	\$586.40
0247042302-01	B.B.	Maria Shiela Masigla PT	97799	09/28/2012-10/23/2012	5	\$247.50
0247042302-01	B.B.	Maria Shiela Masigla PT	64550	11/05/2012-11/13/2012	2	\$146.60
0247042302-01	B.B.	Maria Shiela Masigla PT	97799	11/13/2012	1	\$49.50
0247042302-01	B.B.	Maria Shiela Masigla PT	97010	11/05/2012-11/13/2012	2	\$40.04
0247042302-01	B.B.	Maria Shiela Masigla PT	97110	11/05/2012-11/13/2012	2	\$67.08
0247042302-01	B.B.	Maria Shiela Masigla PT	97124	11/05/2012-11/13/2012	2	\$28.08
0247042302-01	B.B.	Maria Shiela Masigla PT	64550	12/21/2012-12/27/2012	2	\$146.60
0247042302-01	B.B.	Maria Shiela Masigla PT	97010	12/21/2012-12/27/2012	2	\$40.04

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0247042302-01	B.B.	Maria Shiela Masigla PT	97110	12/21/2012-12/27/2012	2	\$67.08
0247042302-01	B.B.	Maria Shiela Masigla PT	97124	12/21/2012-12/27/2012	2	\$28.08
0247042302-01	B.B.	Maria Shiela Masigla PT	64550	01/10/2013	1	\$73.30
0247042302-01	B.B.	Maria Shiela Masigla PT	97010	01/10/2013	1	\$20.02
0247042302-01	B.B.	Maria Shiela Masigla PT	97110	01/10/2013	1	\$33.54
0247042302-01	B.B.	Maria Shiela Masigla PT	97124	01/10/2013	1	\$14.04
0247385354-01	J.E.	Maria Shiela Masigla PT	64550	06/26/2012-07/10/2012	6	\$439.80
0247385354-01	J.E.	Maria Shiela Masigla PT	64550	06/07/2012-06/25/2012	8	\$586.40
0247385354-01	J.E.	Maria Shiela Masigla PT	97799	06/07/2012-07/10/2012	14	\$693.00
0247385354-01	J.E.	Maria Shiela Masigla PT	64550	07/11/2012-08/02/2012	8	\$586.40
0247385354-01	J.E.	Maria Shiela Masigla PT	64550	08/06/2012-09/12/2012	11	\$806.30
0247385354-01	J.E.	Maria Shiela Masigla PT	97799	09/25/2012-10/25/2012	9	\$445.50
0247385354-01	J.E.	Maria Shiela Masigla PT	64550	09/19/2012-10/25/2012	12	\$879.60
0247385354-01	J.E.	Maria Shiela Masigla PT	97799	11/07/2012-11/14/2012	3	\$148.50
0247385354-01	J.E.	Maria Shiela Masigla PT	64550	11/07/2012-11/14/2012	3	\$219.90
0247385354-03	L.B.	Maria Shiela Masigla PT	64550	06/07/2012-07/10/2012	12	\$879.60
0247385354-03	L.B.	Maria Shiela Masigla PT	97799	06/07/2012-07/10/2012	12	\$594.00
0247385354-03	L.B.	Maria Shiela Masigla PT	97001	06/07/2012	1	\$72.92
0247385354-03	L.B.	Maria Shiela Masigla PT	97010	06/07/2012-07/10/2012	12	\$240.24
0247385354-03	L.B.	Maria Shiela Masigla PT	97110	06/07/2012-07/10/2012	12	\$402.48
0247385354-03	L.B.	Maria Shiela Masigla PT	97124	06/07/2012-07/10/2012	12	\$168.48
0247385354-03	L.B.	Maria Shiela Masigla PT	64550	07/11/2012-07/16/2012	2	\$146.60
0247385354-03	L.B.	Maria Shiela Masigla PT	97010	07/11/2012-07/16/2012	2	\$40.04
0247385354-03	L.B.	Maria Shiela Masigla PT	97110	07/11/2012-07/16/2012	2	\$67.08
0247385354-03	L.B.	Maria Shiela Masigla PT	97124	07/11/2012-07/16/2012	2	\$28.08
0247385354-03	L.B.	Maria Shiela Masigla PT	97799	07/11/2012-07/16/2012	2	\$99.00
0247385354-03	L.B.	Maria Shiela Masigla PT	64550	07/25/2012	1	\$73.30
0247385354-03	L.B.	Maria Shiela Masigla PT	97010	07/25/2012	1	\$20.02
0247385354-03	L.B.	Maria Shiela Masigla PT	97110	07/25/2012	1	\$33.54
0247385354-03	L.B.	Maria Shiela Masigla PT	97124	07/25/2012	1	\$14.04

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0247385354-03	L.B.	Maria Shiela Masigla PT	97799	07/25/2012	1	\$49.50
0247385354-03	L.B.	Maria Shiela Masigla PT	97750	07/16/2012	1	\$249.96
0247385354-03	L.B.	Maria Shiela Masigla PT	97799	08/09/2012-08/23/2012	5	\$247.50
0247385354-03	L.B.	Maria Shiela Masigla PT	97010	08/09/2012-09/07/2012	7	\$140.14
0247385354-03	L.B.	Maria Shiela Masigla PT	97110	08/09/2012-09/07/2012	7	\$234.78
0247385354-03	L.B.	Maria Shiela Masigla PT	97124	08/09/2012-09/07/2012	7	\$98.28
0247385354-03	L.B.	Maria Shiela Masigla PT	64550	08/09/2012-09/07/2012	7	\$513.10
0247385354-03	L.B.	Maria Shiela Masigla PT	97010	09/17/2012-09/26/2012	4	\$80.08
0247385354-03	L.B.	Maria Shiela Masigla PT	97110	09/17/2012-09/26/2012	4	\$134.16
0247385354-03	L.B.	Maria Shiela Masigla PT	97124	09/17/2012-09/26/2012	4	\$56.16
0247385354-03	L.B.	Maria Shiela Masigla PT	97799	09/25/2012-09/26/2012	2	\$99.00
0247385354-03	L.B.	Maria Shiela Masigla PT	64550	09/17/2012-09/26/2012	4	\$293.20
0247385354-04	R.K.	Maria Shiela Masigla PT	97799	06/07/2012-07/10/2012	16	\$792.00
0247385354-04	R.K.	Maria Shiela Masigla PT	64550	06/07/2012-06/27/2012	10	\$733.00
0247385354-04	R.K.	Maria Shiela Masigla PT	64550	06/28/2012-07/10/2012	6	\$439.80
0247385354-04	R.K.	Maria Shiela Masigla PT	64550	07/11/2012-08/07/2012	9	\$659.70
0247385354-04	R.K.	Maria Shiela Masigla PT	97799	07/11/2012-08/07/2012	9	\$445.50
0247385354-04	R.K.	Maria Shiela Masigla PT	99358	06/28/2012	1	\$143.20
0247385354-04	R.K.	Maria Shiela Masigla PT	64550	08/08/2012-09/18/2012	12	\$879.60
0247385354-04	R.K.	Maria Shiela Masigla PT	97799	08/08/2012-08/29/2012	7	\$346.50
0247385354-04	R.K.	Maria Shiela Masigla PT	97799	09/26/2012-10/12/2012	3	\$148.50
0247385354-04	R.K.	Maria Shiela Masigla PT	64550	09/26/2012-10/12/2012	3	\$219.90
0247385354-05	R.I.	Maria Shiela Masigla PT	97799	06/07/2012-07/05/2012	9	\$445.50
0247385354-05	R.I.	Maria Shiela Masigla PT	64550	06/07/2012-07/05/2012	11	\$806.30
0247385354-05	R.I.	Maria Shiela Masigla PT	64550	07/23/2012-08/06/2012	6	\$439.80
0247385354-05	R.I.	Maria Shiela Masigla PT	97799	07/23/2012-08/06/2012	6	\$297.00
0247385354-05	R.I.	Maria Shiela Masigla PT	64550	08/08/2012-09/12/2012	7	\$513.10
0247385354-05	R.I.	Maria Shiela Masigla PT	97799	08/08/2012-08/30/2012	5	\$247.50
0247385354-05	R.I.	Maria Shiela Masigla PT	97799	09/26/2012-10/01/2012	2	\$99.00
0247385354-05	R.I.	Maria Shiela Masigla PT	64550	09/21/2012-10/01/2012	3	\$219.90

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0247385354-05	R.I.	Maria Shiela Masigla PT	64550	11/28/2012	1	\$73.30
0247385354-05	R.I.	Maria Shiela Masigla PT	97010	11/28/2012	1	\$20.02
0247385354-05	R.I.	Maria Shiela Masigla PT	97110	11/28/2012	1	\$33.54
0247385354-05	R.I.	Maria Shiela Masigla PT	97124	11/28/2012	1	\$14.04
0247385354-05	R.I.	Maria Shiela Masigla PT	97799	11/28/2012	1	\$49.50
0248229486-03	S.M.	Maria Shiela Masigla PT	97001	06/18/2012	1	\$72.92
0248229486-03	S.M.	Maria Shiela Masigla PT	97010	06/18/2012-07/24/2012	9	\$180.18
0248229486-03	S.M.	Maria Shiela Masigla PT	97110	06/18/2012-07/24/2012	9	\$301.86
0248229486-03	S.M.	Maria Shiela Masigla PT	97124	06/18/2012-07/24/2012	9	\$126.36
0248229486-03	S.M.	Maria Shiela Masigla PT	64550	06/18/2012-07/24/2012	9	\$659.70
0248229486-03	S.M.	Maria Shiela Masigla PT	97799	06/18/2012-07/24/2012	9	\$445.50
0248229486-05	T.M.	Maria Shiela Masigla PT	97799	06/18/2012-07/27/2012	9	\$445.50
0248229486-05	T.M.	Maria Shiela Masigla PT	97001	06/18/2012	1	\$72.92
0248229486-05	T.M.	Maria Shiela Masigla PT	64550	06/18/2012-07/27/2012	9	\$659.70
0248229486-05	T.M.	Maria Shiela Masigla PT	97010	06/18/2012-07/27/2012	9	\$180.18
0248229486-05	T.M.	Maria Shiela Masigla PT	97110	06/18/2012-07/27/2012	9	\$301.86
0248229486-05	T.M.	Maria Shiela Masigla PT	97124	06/18/2012-07/27/2012	9	\$126.36
0249232133-03	M.M.	Maria Shiela Masigla PT	97799	06/27/2012-07/25/2012	15	\$742.50
0249232133-03	M.M.	Maria Shiela Masigla PT	64550	06/27/2012-07/16/2012	10	\$733.00
0249232133-03	M.M.	Maria Shiela Masigla PT	64550	07/17/2012-07/25/2012	5	\$366.50
0249232133-03	M.M.	Maria Shiela Masigla PT	64550	07/30/2012-08/08/2012	4	\$293.20
0249232133-03	M.M.	Maria Shiela Masigla PT	97799	07/30/2012-08/08/2012	4	\$198.00
0249232133-03	M.M.	Maria Shiela Masigla PT	97799	08/13/2012-08/29/2012	5	\$247.50
0249232133-03	M.M.	Maria Shiela Masigla PT	64550	08/13/2012-09/19/2012	12	\$879.60
0249232133-03	M.M.	Maria Shiela Masigla PT	97799	10/02/2012-11/09/2012	8	\$396.00
0249232133-03	M.M.	Maria Shiela Masigla PT	64550	10/02/2012-11/09/2012	9	\$659.70
0249232133-03	M.M.	Maria Shiela Masigla PT	64550	11/16/2012-11/26/2012	2	\$146.60
0249232133-03	M.M.	Maria Shiela Masigla PT	97799	11/16/2012-11/26/2012	2	\$99.00
0249232133-03	M.M.	Maria Shiela Masigla PT	64550	12/07/2012-12/26/2012	2	\$146.60
0250464211-01	O.S.	Maria Shiela Masigla PT	64550	06/01/2012-06/26/2012	9	\$659.70

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0250464211-01	O.S.	Maria Shiela Masigla PT	97001	05/30/2012	1	\$72.92
0250464211-01	O.S.	Maria Shiela Masigla PT	97799	06/01/2012-06/26/2012	9	\$445.50
0250464211-01	O.S.	Maria Shiela Masigla PT	97010	06/01/2012-06/26/2012	9	\$180.18
0250464211-01	O.S.	Maria Shiela Masigla PT	97110	06/01/2012-06/26/2012	9	\$301.86
0250464211-01	O.S.	Maria Shiela Masigla PT	97124	06/01/2012-06/26/2012	9	\$126.36
0252361290-05	G.T.	Maria Shiela Masigla PT	64550	08/15/2012-09/21/2012	13	\$952.90
0252361290-05	G.T.	Maria Shiela Masigla PT	97799	08/15/2012-08/28/2012	7	\$346.50
0252361290-05	G.T.	Maria Shiela Masigla PT	97799	10/01/2012-11/01/2012	5	\$247.50
0252361290-05	G.T.	Maria Shiela Masigla PT	64550	10/01/2012-11/15/2012	6	\$439.80
0252361290-05	G.T.	Maria Shiela Masigla PT	97799	11/20/2012-11/26/2012	3	\$148.50
0252361290-05	G.T.	Maria Shiela Masigla PT	64550	11/20/2012-11/28/2012	4	\$293.20
0252361290-05	G.T.	Maria Shiela Masigla PT	64550	12/17/2012-12/27/2012	2	\$146.60
0253727044-01	G.M.	Maria Shiela Masigla PT	64550	07/19/2012-08/13/2012	10	\$733.00
0253727044-01	G.M.	Maria Shiela Masigla PT	64550	09/14/2012-09/19/2012	4	\$293.20
0253727044-01	G.M.	Maria Shiela Masigla PT	64550	10/01/2012-10/31/2012	10	\$733.00
0253727044-01	G.M.	Maria Shiela Masigla PT	97799	10/01/2012-11/14/2012	11	\$544.50
0253727044-01	G.M.	Maria Shiela Masigla PT	64550	11/05/2012-11/14/2012	3	\$219.90
0253727044-01	G.M.	Maria Shiela Masigla PT	97799	11/19/2012-11/23/2012	2	\$99.00
0253727044-01	G.M.	Maria Shiela Masigla PT	64550	11/16/2012-11/29/2012	5	\$366.50
0253727044-01	G.M.	Maria Shiela Masigla PT	64550	12/04/2012	1	\$73.30
0253727044-01	G.M.	Maria Shiela Masigla PT	97799	12/04/2012	1	\$49.50
0253727044-01	G.M.	Maria Shiela Masigla PT	64550	12/06/2012-01/09/2013	10	\$733.00
0253727044-01	G.M.	Maria Shiela Masigla PT	97799	12/06/2012-12/19/2012	5	\$247.50
0253727044-01	G.M.	Maria Shiela Masigla PT	64550	01/02/2013-01/09/2013	3	\$219.90
0253727044-01	G.M.	Maria Shiela Masigla PT	97010	01/02/2013-01/09/2013	3	\$54.75
0253727044-01	G.M.	Maria Shiela Masigla PT	97110	01/02/2013-01/09/2013	3	\$69.54
0253727044-01	G.M.	Maria Shiela Masigla PT	97124	01/02/2013-01/09/2013	3	\$60.63
0253727044-01	G.M.	Maria Shiela Masigla PT	97799	02/18/2013	1	\$49.50
0253727044-01	G.M.	Maria Shiela Masigla PT	64550	02/18/2013	1	\$73.30
0253727044-01	G.M.	Maria Shiela Masigla PT	97010	02/18/2013	1	\$18.25

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0253727044-01	G.M.	Maria Shiela Masigla PT	97110	02/18/2013	1	\$23.18
0253727044-01	G.M.	Maria Shiela Masigla PT	97124	02/18/2013	1	\$20.21
0253727044-01	G.M.	Maria Shiela Masigla PT	97799	02/06/2013-02/14/2013	3	\$148.50
0253727044-01	G.M.	Maria Shiela Masigla PT	64450	02/06/2013	1	\$73.30
0253727044-01	G.M.	Maria Shiela Masigla PT	64550	02/11/2013-02/14/2013	2	\$146.60
0253727044-01	G.M.	Maria Shiela Masigla PT	97010	02/06/2013-02/14/2013	3	\$54.75
0253727044-01	G.M.	Maria Shiela Masigla PT	97110	02/06/2013-02/14/2013	3	\$69.54
0253727044-01	G.M.	Maria Shiela Masigla PT	97124	02/06/2013-02/14/2013	3	\$60.63
0253727044-01	G.M.	Maria Shiela Masigla PT	64550	03/05/2013-03/27/2013	7	\$513.10
0253727044-01	G.M.	Maria Shiela Masigla PT	97799	03/05/2013-03/27/2013	7	\$346.50
0253727044-01	G.M.	Maria Shiela Masigla PT	97010	03/05/2013-03/27/2013	7	\$127.75
0253727044-01	G.M.	Maria Shiela Masigla PT	97110	03/05/2013-03/27/2013	7	\$162.26
0253727044-01	G.M.	Maria Shiela Masigla PT	97124	03/05/2013-03/27/2013	7	\$141.47
0253727044-01	G.M.	Maria Shiela Masigla PT	97010	04/03/2013-04/09/2013	2	\$36.50
0253727044-01	G.M.	Maria Shiela Masigla PT	97110	04/03/2013-04/09/2013	2	\$46.36
0253727044-01	G.M.	Maria Shiela Masigla PT	97124	04/03/2013-04/09/2013	2	\$40.42
0253727044-01	G.M.	Maria Shiela Masigla PT	64550	04/03/2013-04/09/2013	2	\$146.60
0253727044-01	G.M.	Maria Shiela Masigla PT	97799	04/03/2013-04/09/2013	2	\$99.00
0253727044-01	G.M.	Maria Shiela Masigla PT	97010	04/12/2013-04/26/2013	5	\$91.25
0253727044-01	G.M.	Maria Shiela Masigla PT	97110	04/12/2013-04/26/2013	5	\$115.90
0253727044-01	G.M.	Maria Shiela Masigla PT	97124	04/12/2013-04/26/2013	5	\$101.05
0253727044-01	G.M.	Maria Shiela Masigla PT	64550	04/12/2013-04/26/2013	5	\$366.50
0253727044-01	G.M.	Maria Shiela Masigla PT	97799	04/12/2013-04/26/2013	5	\$247.50
0253727044-01	G.M.	Maria Shiela Masigla PT	97799	04/29/2013-05/02/2013	2	\$99.00
0253727044-01	G.M.	Maria Shiela Masigla PT	97010	04/29/2013-05/02/2013	2	\$36.50
0253727044-01	G.M.	Maria Shiela Masigla PT	97110	04/29/2013-05/02/2013	2	\$46.36
0253727044-01	G.M.	Maria Shiela Masigla PT	97124	04/29/2013-05/02/2013	2	\$40.42
0253727044-01	G.M.	Maria Shiela Masigla PT	64550	04/29/2013-05/02/2013	2	\$146.60
0253727044-04	D.M.	Maria Shiela Masigla PT	64550	08/08/2012-08/16/2012	3	\$219.90
0253727044-04	D.M.	Maria Shiela Masigla PT	64550	07/03/2012-08/07/2012	10	\$733.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0253727044-04	D.M.	Maria Shiela Masigla PT	97124	07/03/2012-08/16/2012	13	\$182.52
0253727044-04	D.M.	Maria Shiela Masigla PT	64550	08/20/2012-09/20/2012	6	\$439.80
0253727044-04	D.M.	Maria Shiela Masigla PT	97110	11/08/2012	1	\$33.54
0253727044-04	D.M.	Maria Shiela Masigla PT	97124	11/08/2012	1	\$14.04
0253727044-04	D.M.	Maria Shiela Masigla PT	97110	10/03/2012-11/13/2012	12	\$402.48
0253727044-04	D.M.	Maria Shiela Masigla PT	97124	10/03/2012-11/13/2012	12	\$168.48
0253727044-04	D.M.	Maria Shiela Masigla PT	64550	10/03/2012-11/13/2012	13	\$952.90
0253727044-04	D.M.	Maria Shiela Masigla PT	64550	11/12/2012-11/26/2012	6	\$439.80
0253727044-04	D.M.	Maria Shiela Masigla PT	64550	12/03/2012	1	\$73.30
0253727044-04	D.M.	Maria Shiela Masigla PT	97799	12/03/2012	1	\$49.50
0253727044-04	D.M.	Maria Shiela Masigla PT	97799	11/12/2012-11/26/2012	4	\$198.00
0253727044-04	D.M.	Maria Shiela Masigla PT	97010	12/06/2012-01/09/2013	12	\$240.24
0253727044-04	D.M.	Maria Shiela Masigla PT	97110	12/06/2012-01/09/2013	12	\$402.48
0253727044-04	D.M.	Maria Shiela Masigla PT	97124	12/06/2012-01/09/2013	12	\$168.48
0253727044-04	D.M.	Maria Shiela Masigla PT	64550	12/06/2012-01/09/2013	12	\$879.60
0253727044-04	D.M.	Maria Shiela Masigla PT	97799	12/06/2012-12/19/2012	5	\$247.50
0253727044-04	D.M.	Maria Shiela Masigla PT	97799	02/25/2013-03/11/2013	5	\$247.50
0253727044-04	D.M.	Maria Shiela Masigla PT	97010	02/25/2013-03/11/2013	5	\$91.25
0253727044-04	D.M.	Maria Shiela Masigla PT	97110	02/25/2013-03/11/2013	5	\$115.90
0253727044-04	D.M.	Maria Shiela Masigla PT	97124	02/25/2013-03/11/2013	5	\$101.05
0253727044-04	D.M.	Maria Shiela Masigla PT	64550	02/25/2013-03/11/2013	5	\$366.50
0253727044-04	D.M.	Maria Shiela Masigla PT	64550	03/14/2013-03/26/2013	5	\$366.50
0253727044-04	D.M.	Maria Shiela Masigla PT	97010	03/14/2013-03/26/2013	5	\$91.25
0253727044-04	D.M.	Maria Shiela Masigla PT	97110	03/14/2013-03/26/2013	5	\$115.90
0253727044-04	D.M.	Maria Shiela Masigla PT	97124	03/14/2013-03/26/2013	5	\$101.05
0253727044-04	D.M.	Maria Shiela Masigla PT	97799	03/14/2013-03/26/2013	5	\$247.50
0253727044-04	D.M.	Maria Shiela Masigla PT	64550	04/02/2013-04/10/2013	2	\$146.60
0253727044-04	D.M.	Maria Shiela Masigla PT	97010	04/02/2013-04/10/2013	2	\$36.50
0253727044-04	D.M.	Maria Shiela Masigla PT	97110	04/02/2013-04/10/2013	2	\$46.36
0253727044-04	D.M.	Maria Shiela Masigla PT	97124	04/02/2013-04/10/2013	2	\$40.42

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0253727044-04	D.M.	Maria Shiela Masigla PT	97799	04/02/2013-04/10/2013	2	\$99.00
0253727044-04	D.M.	Maria Shiela Masigla PT	97799	04/18/2013-04/25/2013	3	\$148.50
0253727044-04	D.M.	Maria Shiela Masigla PT	97010	04/18/2013-04/25/2013	3	\$54.75
0253727044-04	D.M.	Maria Shiela Masigla PT	97110	04/18/2013-04/25/2013	3	\$69.54
0253727044-04	D.M.	Maria Shiela Masigla PT	97124	04/18/2013-04/25/2013	3	\$60.63
0253727044-04	D.M.	Maria Shiela Masigla PT	64550	04/18/2013-04/25/2013	3	\$219.90
0253727044-04	D.M.	Maria Shiela Masigla PT	97010	04/29/2013-05/01/2013	2	\$36.50
0253727044-04	D.M.	Maria Shiela Masigla PT	97110	04/29/2013-05/01/2013	2	\$46.36
0253727044-04	D.M.	Maria Shiela Masigla PT	97124	04/29/2013-05/01/2013	2	\$40.42
0253727044-04	D.M.	Maria Shiela Masigla PT	64550	04/29/2013-05/01/2013	2	\$146.60
0253727044-04	D.M.	Maria Shiela Masigla PT	97799	04/29/2013-05/01/2013	2	\$99.00
0253727044-14	M.B.	Maria Shiela Masigla PT	64550	07/30/2012-08/17/2012	4	\$293.20
0253727044-14	M.B.	Maria Shiela Masigla PT	97001	07/30/2012	1	\$72.92
0253727044-14	M.B.	Maria Shiela Masigla PT	97010	07/30/2012-08/17/2012	4	\$80.08
0253727044-14	M.B.	Maria Shiela Masigla PT	97110	07/30/2012-08/17/2012	4	\$134.16
0253727044-14	M.B.	Maria Shiela Masigla PT	97124	07/30/2012-08/17/2012	4	\$56.16
0253727044-14	M.B.	Maria Shiela Masigla PT	97799	07/30/2012-08/17/2012	4	\$198.00
0253727044-14	M.B.	Maria Shiela Masigla PT	64550	08/22/2012	1	\$73.30
0253727044-14	M.B.	Maria Shiela Masigla PT	97010	08/22/2012	1	\$20.02
0253727044-14	M.B.	Maria Shiela Masigla PT	97110	08/22/2012	1	\$33.54
0253727044-14	M.B.	Maria Shiela Masigla PT	97124	08/22/2012	1	\$14.04
0253727044-14	M.B.	Maria Shiela Masigla PT	97799	08/22/2012	1	\$49.50
0256679861-06	J.P.	Maria Shiela Masigla PT	97010	10/08/2012-11/06/2012	3	\$60.06
0256679861-06	J.P.	Maria Shiela Masigla PT	97110	10/08/2012-11/06/2012	3	\$100.62
0256679861-06	J.P.	Maria Shiela Masigla PT	97124	10/08/2012-11/06/2012	3	\$42.12
0256679861-06	J.P.	Maria Shiela Masigla PT	97799	10/08/2012-11/06/2012	2	\$99.00
0256679861-06	J.P.	Maria Shiela Masigla PT	64550	10/08/2012-11/06/2012	3	\$219.90
0256679861-07	S.C.	Maria Shiela Masigla PT	97001	08/29/2012	1	\$72.92
0256679861-07	S.C.	Maria Shiela Masigla PT	97010	08/29/2012-09/25/2012	5	\$100.10
0256679861-07	S.C.	Maria Shiela Masigla PT	97110	08/29/2012-09/25/2012	5	\$167.70

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0256679861-07	S.C.	Maria Shiela Masigla PT	97124	08/29/2012-09/25/2012	5	\$70.20
0256679861-07	S.C.	Maria Shiela Masigla PT	97010	10/09/2012-10/19/2012	2	\$40.04
0256679861-07	S.C.	Maria Shiela Masigla PT	97110	10/09/2012-10/19/2012	2	\$67.08
0256679861-07	S.C.	Maria Shiela Masigla PT	97124	10/09/2012-10/19/2012	2	\$28.08
0256679861-07	S.C.	Maria Shiela Masigla PT	97010	11/02/2012-11/06/2012	2	\$40.04
0256679861-07	S.C.	Maria Shiela Masigla PT	97110	11/02/2012-11/06/2012	2	\$67.08
0256679861-07	S.C.	Maria Shiela Masigla PT	97124	11/02/2012-11/06/2012	2	\$28.08
0257961391-07	M.P.	Maria Shiela Masigla PT	97799	10/08/2012-11/13/2012	9	\$445.50
0257961391-07	M.P.	Maria Shiela Masigla PT	64550	10/08/2012-11/13/2012	11	\$806.30
0257961391-07	M.P.	Maria Shiela Masigla PT	64550	11/19/2012-11/29/2012	4	\$293.20
0257961391-07	M.P.	Maria Shiela Masigla PT	64550	12/04/2012-12/05/2012	2	\$146.60
0257961391-07	M.P.	Maria Shiela Masigla PT	97799	11/21/2012	1	\$49.50
0257961391-07	M.P.	Maria Shiela Masigla PT	97124	12/04/2012-12/05/2012	2	\$28.08
0257961391-07	M.P.	Maria Shiela Masigla PT	97124	11/19/2012-11/29/2012	4	\$56.16
0257961391-07	M.P.	Maria Shiela Masigla PT	97799	12/04/2012-12/05/2012	2	\$99.00
0257961391-07	M.P.	Maria Shiela Masigla PT	64550	12/11/2012-01/11/2013	4	\$293.20
0257961391-07	M.P.	Maria Shiela Masigla PT	97799	12/11/2012-12/17/2012	2	\$99.00
0257961391-07	M.P.	Maria Shiela Masigla PT	64550	01/29/2013	1	\$73.30
0257961391-07	M.P.	Maria Shiela Masigla PT	97799	01/29/2013	1	\$49.50
0257961391-07	M.P.	Maria Shiela Masigla PT	64550	02/20/2013	1	\$73.30
0257961391-07	M.P.	Maria Shiela Masigla PT	97010	02/20/2013	1	\$18.25
0257961391-07	M.P.	Maria Shiela Masigla PT	97110	02/20/2013	1	\$23.18
0257961391-07	M.P.	Maria Shiela Masigla PT	97124	02/20/2013	1	\$20.21
0257961391-07	M.P.	Maria Shiela Masigla PT	97799	02/20/2013	1	\$49.50
0257961391-07	M.P.	Maria Shiela Masigla PT	64550	02/05/2013	1	\$73.30
0257961391-07	M.P.	Maria Shiela Masigla PT	97799	02/05/2013	1	\$49.50
0257961391-07	M.P.	Maria Shiela Masigla PT	97799	02/28/2013-03/11/2013	2	\$99.00
0257961391-07	M.P.	Maria Shiela Masigla PT	64550	02/28/2013-03/11/2013	2	\$146.60
0257961391-07	M.P.	Maria Shiela Masigla PT	97010	02/28/2013-03/11/2013	2	\$36.50
0257961391-07	M.P.	Maria Shiela Masigla PT	97110	02/28/2013-03/11/2013	2	\$46.36

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0257961391-07	M.P.	Maria Shiela Masigla PT	97124	02/28/2013-03/11/2013	2	\$40.42
0257961391-13	J.J.	Maria Shiela Masigla PT	64550	10/04/2012-10/16/2012	6	\$439.80
0257961391-13	J.J.	Maria Shiela Masigla PT	97799	10/04/2012-10/16/2012	5	\$247.50
0258075928-01	C.L.	Maria Shiela Masigla PT	64550	11/14/2012-11/30/2012	5	\$366.50
0258075928-01	C.L.	Maria Shiela Masigla PT	64550	02/13/2013	1	\$73.30
0258075928-01	C.L.	Maria Shiela Masigla PT	97010	02/13/2013	1	\$18.25
0258075928-01	C.L.	Maria Shiela Masigla PT	97110	02/13/2013	1	\$23.18
0258075928-01	C.L.	Maria Shiela Masigla PT	97124	02/13/2013	1	\$20.21
0258075928-01	C.L.	Maria Shiela Masigla PT	97799	02/13/2013	1	\$49.50
0258075928-01	C.L.	Maria Shiela Masigla PT	97010	02/18/2013-02/19/2013	2	\$36.50
0258075928-01	C.L.	Maria Shiela Masigla PT	97110	02/18/2013-02/19/2013	2	\$46.36
0258075928-01	C.L.	Maria Shiela Masigla PT	97124	02/18/2013-02/19/2013	2	\$40.42
0258075928-01	C.L.	Maria Shiela Masigla PT	64550	02/18/2013-02/19/2013	2	\$146.60
0258075928-01	C.L.	Maria Shiela Masigla PT	97799	02/22/2013-03/08/2013	6	\$297.00
0258075928-01	C.L.	Maria Shiela Masigla PT	64550	02/22/2013-03/08/2013	6	\$439.80
0258075928-01	C.L.	Maria Shiela Masigla PT	97799	02/18/2013-02/19/2013	2	\$99.00
0258075928-01	C.L.	Maria Shiela Masigla PT	97010	02/22/2013-03/08/2013	6	\$109.50
0258075928-01	C.L.	Maria Shiela Masigla PT	97110	02/22/2013-03/08/2013	6	\$139.08
0258075928-01	C.L.	Maria Shiela Masigla PT	97124	02/22/2013-03/08/2013	6	\$121.26
0258075928-01	C.L.	Maria Shiela Masigla PT	64550	04/02/2013-04/10/2013	3	\$219.90
0258075928-01	C.L.	Maria Shiela Masigla PT	97010	04/02/2013-04/10/2013	3	\$54.75
0258075928-01	C.L.	Maria Shiela Masigla PT	97110	04/02/2013-04/10/2013	3	\$69.54
0258075928-01	C.L.	Maria Shiela Masigla PT	97124	04/02/2013-04/10/2013	3	\$60.63
0258075928-01	C.L.	Maria Shiela Masigla PT	97799	04/02/2013-04/10/2013	3	\$148.50
0258075928-01	C.L.	Maria Shiela Masigla PT	64550	05/02/2013	1	\$73.30
0258075928-01	C.L.	Maria Shiela Masigla PT	97010	05/02/2013	1	\$18.25
0258075928-01	C.L.	Maria Shiela Masigla PT	97110	05/02/2013	1	\$23.18
0258075928-01	C.L.	Maria Shiela Masigla PT	97124	05/02/2013	1	\$20.21
0258075928-01	C.L.	Maria Shiela Masigla PT	97799	05/02/2013	1	\$49.50
0259040152-03	R.J.	Maria Shiela Masigla PT	97799	10/24/2012-11/02/2012	3	\$148.50

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0259040152-03	R.J.	Maria Shiela Masigla PT	97799	11/12/2012-11/23/2012	4	\$198.00
0259040152-03	R.J.	Maria Shiela Masigla PT	97799	12/03/2012-12/04/2012	2	\$99.00
0259040152-03	R.J.	Maria Shiela Masigla PT	64550	12/05/2012-12/12/2012	3	\$219.90
0259040152-03	R.J.	Maria Shiela Masigla PT	97799	12/05/2012-12/12/2012	3	\$148.50
0259681756-03	T.P.	Maria Shiela Masigla PT	97799	09/24/2012-10/12/2012	8	\$396.00
0259681756-03	T.P.	Maria Shiela Masigla PT	64550	09/24/2012-10/15/2012	9	\$659.70
0259681756-03	T.P.	Maria Shiela Masigla PT	64550	10/17/2012-11/06/2012	7	\$513.10
0259681756-03	T.P.	Maria Shiela Masigla PT	97799	10/17/2012-11/06/2012	6	\$297.00
0259681756-03	T.P.	Maria Shiela Masigla PT	97799	12/03/2012	1	\$49.50
0259681756-03	T.P.	Maria Shiela Masigla PT	64550	12/03/2012	1	\$73.30
0259681756-03	T.P.	Maria Shiela Masigla PT	97799	11/23/2012	1	\$49.50
0259681756-03	T.P.	Maria Shiela Masigla PT	64550	11/23/2012-11/30/2012	4	\$293.20
0259681756-03	T.P.	Maria Shiela Masigla PT	97799	12/10/2012-12/17/2012	4	\$198.00
0259681756-03	T.P.	Maria Shiela Masigla PT	64550	12/10/2012-01/09/2013	9	\$659.70
0259681756-03	T.P.	Maria Shiela Masigla PT	64550	01/17/2013-01/25/2013	4	\$293.20
0259681756-03	T.P.	Maria Shiela Masigla PT	97799	01/24/2013-01/25/2013	2	\$99.00
0259681756-03	T.P.	Maria Shiela Masigla PT	97799	02/07/2013-02/15/2013	2	\$99.00
0259686599-02	D.R.	Maria Shiela Masigla PT	64550	09/19/2012-09/24/2012	3	\$219.90
0259686599-03	V.C.	Maria Shiela Masigla PT	64550	09/19/2012-10/10/2012	10	\$733.00
0259686599-03	V.C.	Maria Shiela Masigla PT	97799	10/16/2012-10/25/2012	5	\$247.50
0259686599-03	V.C.	Maria Shiela Masigla PT	64550	10/16/2012-10/31/2012	6	\$439.80
0259686599-03	V.C.	Maria Shiela Masigla PT	97124	10/16/2012-10/31/2012	6	\$84.24
0259686599-03	V.C.	Maria Shiela Masigla PT	97124	10/31/2012-11/28/2012	9	\$126.36
0259686599-03	V.C.	Maria Shiela Masigla PT	64550	10/31/2012-11/28/2012	9	\$659.70
0259686599-03	V.C.	Maria Shiela Masigla PT	97799	11/02/2012-11/20/2012	6	\$297.00
0259686599-03	V.C.	Maria Shiela Masigla PT	97124	12/06/2012-01/07/2013	7	\$98.28
0259686599-03	V.C.	Maria Shiela Masigla PT	97799	12/06/2012-12/19/2012	4	\$198.00
0259686599-03	V.C.	Maria Shiela Masigla PT	64550	12/06/2012-01/07/2013	7	\$513.10
0259686599-03	V.C.	Maria Shiela Masigla PT	97010	01/11/2013-01/24/2013	4	\$80.08
0259686599-03	V.C.	Maria Shiela Masigla PT	97110	01/11/2013-01/24/2013	4	\$134.16

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0259686599-03	V.C.	Maria Shiela Masigla PT	97124	01/11/2013-01/24/2013	4	\$56.16
0259686599-03	V.C.	Maria Shiela Masigla PT	97010	01/31/2013	1	\$18.25
0259686599-03	V.C.	Maria Shiela Masigla PT	97110	01/31/2013	1	\$23.18
0259686599-03	V.C.	Maria Shiela Masigla PT	97124	01/31/2013	1	\$20.21
0259686599-03	V.C.	Maria Shiela Masigla PT	64550	01/31/2013	1	\$73.30
0259686599-03	V.C.	Maria Shiela Masigla PT	97799	02/07/2013-02/12/2013	2	\$99.00
0259686599-03	V.C.	Maria Shiela Masigla PT	64550	02/07/2013-02/12/2013	2	\$146.60
0259686599-03	V.C.	Maria Shiela Masigla PT	97010	02/07/2013-02/12/2013	2	\$36.50
0259686599-03	V.C.	Maria Shiela Masigla PT	97110	02/07/2013-02/12/2013	2	\$46.99
0259686599-03	V.C.	Maria Shiela Masigla PT	97124	02/07/2013-02/12/2013	2	\$40.42
0259686599-07	L.C.	Maria Shiela Masigla PT	64550	09/21/2012-10/15/2012	10	\$733.00
0259686599-07	L.C.	Maria Shiela Masigla PT	97799	09/25/2012-10/15/2012	9	\$445.50
0259686599-07	L.C.	Maria Shiela Masigla PT	97124	10/16/2012-10/31/2012	3	\$42.12
0259686599-07	L.C.	Maria Shiela Masigla PT	64550	10/16/2012-10/31/2012	3	\$219.90
0259686599-07	L.C.	Maria Shiela Masigla PT	97799	10/16/2012-10/25/2012	2	\$99.00
0259686599-07	L.C.	Maria Shiela Masigla PT	97799	11/02/2012-11/20/2012	5	\$247.50
0259686599-07	L.C.	Maria Shiela Masigla PT	64550	11/02/2012-11/28/2012	7	\$513.10
0259686599-07	L.C.	Maria Shiela Masigla PT	97124	11/02/2012-11/28/2012	7	\$98.28
0259686599-07	L.C.	Maria Shiela Masigla PT	64550	12/04/2012-01/07/2013	12	\$879.60
0259686599-07	L.C.	Maria Shiela Masigla PT	97124	12/04/2012-01/07/2013	12	\$168.48
0259686599-07	L.C.	Maria Shiela Masigla PT	97799	12/04/2012-12/19/2012	6	\$297.00
0259686599-07	L.C.	Maria Shiela Masigla PT	97124	01/11/2013-01/24/2013	4	\$56.16
0259686599-07	L.C.	Maria Shiela Masigla PT	97010	01/24/2013-01/31/2013	2	\$36.50
0259686599-07	L.C.	Maria Shiela Masigla PT	97110	01/24/2013-01/31/2013	2	\$46.36
0259686599-07	L.C.	Maria Shiela Masigla PT	97124	01/24/2013-01/31/2013	2	\$40.42
0259686599-07	L.C.	Maria Shiela Masigla PT	97010	02/07/2013-02/12/2013	2	\$36.50
0259686599-07	L.C.	Maria Shiela Masigla PT	97110	02/07/2013-02/12/2013	2	\$46.36
0260066378-01	S.R.	Maria Shiela Masigla PT	97799	09/28/2012-10/23/2012	11	\$544.50
0260066378-01	S.R.	Maria Shiela Masigla PT	64550	09/25/2012-10/23/2012	12	\$879.60
0260066378-01	S.R.	Maria Shiela Masigla PT	97010	09/25/2012-10/23/2012	12	\$240.24

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0260066378-01	S.R.	Maria Shiela Masigla PT	97110	09/25/2012-10/23/2012	12	\$402.48
0260066378-01	S.R.	Maria Shiela Masigla PT	97124	09/25/2012-10/23/2012	12	\$168.48
0260066378-01	S.R.	Maria Shiela Masigla PT	97001	09/25/2012	1	\$72.92
0260066378-01	S.R.	Maria Shiela Masigla PT	64550	10/25/2012-11/15/2012	6	\$439.80
0260066378-01	S.R.	Maria Shiela Masigla PT	97010	10/25/2012-11/15/2012	6	\$120.12
0260066378-01	S.R.	Maria Shiela Masigla PT	97110	10/25/2012-11/15/2012	6	\$201.24
0260066378-01	S.R.	Maria Shiela Masigla PT	97124	10/25/2012-11/15/2012	6	\$84.24
0260066378-01	S.R.	Maria Shiela Masigla PT	97799	10/25/2012-11/13/2012	5	\$247.50
0260066378-01	S.R.	Maria Shiela Masigla PT	97010	12/03/2012-12/05/2012	2	\$40.04
0260066378-01	S.R.	Maria Shiela Masigla PT	97110	12/03/2012-12/05/2012	2	\$67.08
0260066378-01	S.R.	Maria Shiela Masigla PT	97124	12/03/2012-12/05/2012	2	\$28.08
0260066378-01	S.R.	Maria Shiela Masigla PT	97010	11/20/2012-11/30/2012	5	\$100.10
0260066378-01	S.R.	Maria Shiela Masigla PT	97110	11/20/2012-11/30/2012	5	\$167.70
0260066378-01	S.R.	Maria Shiela Masigla PT	97124	11/20/2012-11/30/2012	5	\$70.20
0260066378-01	S.R.	Maria Shiela Masigla PT	64550	11/20/2012-11/30/2012	5	\$366.50
0260066378-01	S.R.	Maria Shiela Masigla PT	64550	12/03/2012-12/05/2012	2	\$146.60
0260066378-01	S.R.	Maria Shiela Masigla PT	97799	11/20/2012-11/26/2012	3	\$148.50
0260066378-01	S.R.	Maria Shiela Masigla PT	97799	12/03/2012-12/05/2012	2	\$99.00
0260066378-01	S.R.	Maria Shiela Masigla PT	97799	12/07/2012-12/17/2012	4	\$198.00
0260066378-01	S.R.	Maria Shiela Masigla PT	64550	12/07/2012-01/10/2013	9	\$659.70
0260066378-01	S.R.	Maria Shiela Masigla PT	97010	12/07/2012-01/10/2013	9	\$180.18
0260066378-01	S.R.	Maria Shiela Masigla PT	97110	12/07/2012-01/10/2013	9	\$301.86
0260066378-01	S.R.	Maria Shiela Masigla PT	97124	12/07/2012-01/10/2013	9	\$126.36
0260066378-01	S.R.	Maria Shiela Masigla PT	64550	01/17/2013-02/04/2013	6	\$439.80
0260066378-01	S.R.	Maria Shiela Masigla PT	97010	01/17/2013-02/04/2013	6	\$109.50
0260066378-01	S.R.	Maria Shiela Masigla PT	97110	01/17/2013-02/04/2013	6	\$139.08
0260066378-01	S.R.	Maria Shiela Masigla PT	97124	01/17/2013-02/04/2013	6	\$121.26
0260066378-01	S.R.	Maria Shiela Masigla PT	97799	01/25/2013-02/04/2013	3	\$148.50
0260066378-01	S.R.	Maria Shiela Masigla PT	97010	02/08/2013-02/14/2013	2	\$36.50
0260066378-01	S.R.	Maria Shiela Masigla PT	97110	02/08/2013-02/14/2013	2	\$46.36

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0260066378-01	S.R.	Maria Shiela Masigla PT	97124	02/08/2013-02/14/2013	2	\$40.42
0260066378-01	S.R.	Maria Shiela Masigla PT	64550	02/08/2013-02/14/2013	2	\$146.60
0260066378-01	S.R.	Maria Shiela Masigla PT	97799	02/08/2013-02/14/2013	2	\$99.00
0260066378-01	S.R.	Maria Shiela Masigla PT	64550	02/20/2013	1	\$73.30
0260066378-01	S.R.	Maria Shiela Masigla PT	97799	02/20/2013	1	\$49.50
0260066378-01	S.R.	Maria Shiela Masigla PT	97010	02/20/2013	1	\$18.25
0260066378-01	S.R.	Maria Shiela Masigla PT	97110	02/20/2013	1	\$23.18
0260066378-01	S.R.	Maria Shiela Masigla PT	97124	02/20/2013	1	\$20.21
0260066378-05	F.C.	Maria Shiela Masigla PT	97799	09/25/2012-10/22/2012	12	\$594.00
0260066378-05	F.C.	Maria Shiela Masigla PT	97001	09/25/2012	1	\$72.92
0260066378-05	F.C.	Maria Shiela Masigla PT	64550	09/25/2012-10/10/2012	8	\$586.40
0260066378-05	F.C.	Maria Shiela Masigla PT	64550	10/12/2012-10/22/2012	5	\$366.50
0260066378-05	F.C.	Maria Shiela Masigla PT	97010	10/12/2012-10/22/2012	5	\$100.10
0260066378-05	F.C.	Maria Shiela Masigla PT	97110	10/12/2012-10/22/2012	5	\$167.70
0260066378-05	F.C.	Maria Shiela Masigla PT	97124	10/12/2012-10/22/2012	5	\$70.20
0260066378-05	F.C.	Maria Shiela Masigla PT	97010	09/25/2012-10/10/2012	8	\$160.16
0260066378-05	F.C.	Maria Shiela Masigla PT	97110	09/25/2012-10/10/2012	8	\$268.32
0260066378-05	F.C.	Maria Shiela Masigla PT	97124	09/25/2012-10/10/2012	8	\$112.32
0260066378-05	F.C.	Maria Shiela Masigla PT	97799	10/24/2012-11/01/2012	3	\$148.50
0260066378-05	F.C.	Maria Shiela Masigla PT	64550	10/24/2012-11/01/2012	4	\$293.20
0260066378-05	F.C.	Maria Shiela Masigla PT	97010	10/24/2012-11/01/2012	4	\$80.08
0260066378-05	F.C.	Maria Shiela Masigla PT	97110	10/24/2012-11/01/2012	4	\$134.16
0260066378-05	F.C.	Maria Shiela Masigla PT	97124	10/24/2012-11/01/2012	4	\$56.16
0260066378-05	F.C.	Maria Shiela Masigla PT	64550	11/02/2012-11/23/2012	9	\$659.70
0260066378-05	F.C.	Maria Shiela Masigla PT	97010	11/02/2012-11/26/2012	10	\$200.20
0260066378-05	F.C.	Maria Shiela Masigla PT	97110	11/02/2012-11/26/2012	10	\$335.40
0260066378-05	F.C.	Maria Shiela Masigla PT	97124	11/02/2012-11/26/2012	10	\$140.40
0260066378-05	F.C.	Maria Shiela Masigla PT	97799	11/02/2012-11/26/2012	9	\$445.50
0260066378-05	F.C.	Maria Shiela Masigla PT	64550	12/28/2012-01/09/2013	5	\$366.50
0260066378-05	F.C.	Maria Shiela Masigla PT	97010	12/28/2012-01/09/2013	5	\$100.10

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0260066378-05	F.C.	Maria Shiela Masigla PT	97110	12/28/2012-01/09/2013	5	\$167.70
0260066378-05	F.C.	Maria Shiela Masigla PT	97124	12/28/2012-01/09/2013	5	\$70.20
0260066378-05	F.C.	Maria Shiela Masigla PT	97799	12/03/2012-12/19/2012	8	\$396.00
0260066378-05	F.C.	Maria Shiela Masigla PT	64550	12/03/2012-12/27/2012	10	\$733.00
0260066378-05	F.C.	Maria Shiela Masigla PT	97010	12/03/2012-12/27/2012	10	\$200.20
0260066378-05	F.C.	Maria Shiela Masigla PT	97110	12/03/2012-12/27/2012	10	\$335.40
0260066378-05	F.C.	Maria Shiela Masigla PT	97124	12/03/2012-12/27/2012	10	\$140.40
0260066378-05	F.C.	Maria Shiela Masigla PT	97010	01/11/2013-02/04/2013	12	\$219.00
0260066378-05	F.C.	Maria Shiela Masigla PT	97110	01/11/2013-02/04/2013	12	\$278.16
0260066378-05	F.C.	Maria Shiela Masigla PT	97124	01/11/2013-02/04/2013	12	\$242.52
0260066378-05	F.C.	Maria Shiela Masigla PT	97799	01/23/2013-02/04/2013	6	\$297.00
0260066378-05	F.C.	Maria Shiela Masigla PT	64550	01/11/2013-02/01/2013	11	\$879.60
0260066378-05	F.C.	Maria Shiela Masigla PT	97010	02/06/2013-02/15/2013	5	\$91.25
0260066378-05	F.C.	Maria Shiela Masigla PT	97110	02/06/2013-02/15/2013	5	\$115.90
0260066378-05	F.C.	Maria Shiela Masigla PT	97124	02/06/2013-02/15/2013	5	\$101.05
0260066378-05	F.C.	Maria Shiela Masigla PT	64550	02/06/2013-02/15/2013	5	\$366.50
0260066378-05	F.C.	Maria Shiela Masigla PT	97799	02/06/2013-02/15/2013	5	\$247.50
0261148811-03	E.C.	Maria Shiela Masigla PT	97799	09/27/2012-10/15/2012	8	\$396.00
0261148811-03	E.C.	Maria Shiela Masigla PT	64550	09/20/2012-10/15/2012	11	\$806.30
0261148811-03	E.C.	Maria Shiela Masigla PT	97799	10/17/2012-11/01/2012	5	\$247.50
0261148811-03	E.C.	Maria Shiela Masigla PT	64550	10/16/2012-11/01/2012	7	\$513.10
0261148811-03	E.C.	Maria Shiela Masigla PT	64550	11/07/2012-11/28/2012	6	\$439.80
0261148811-03	E.C.	Maria Shiela Masigla PT	97799	11/07/2012-11/20/2012	4	\$198.00
0261148811-03	E.C.	Maria Shiela Masigla PT	97799	12/03/2012-12/17/2012	5	\$247.50
0261148811-03	E.C.	Maria Shiela Masigla PT	97010	12/03/2012-01/09/2013	11	\$220.22
0261148811-03	E.C.	Maria Shiela Masigla PT	97110	12/03/2012-01/09/2013	11	\$368.94
0261148811-03	E.C.	Maria Shiela Masigla PT	97124	12/03/2012-01/09/2013	11	\$154.44
0261148811-03	E.C.	Maria Shiela Masigla PT	64550	12/03/2012-01/09/2013	9	\$659.70
0261148811-03	E.C.	Maria Shiela Masigla PT	64550	01/14/2013-01/28/2013	5	\$366.50
0261148811-03	E.C.	Maria Shiela Masigla PT	97010	01/14/2013-01/28/2013	5	\$100.10

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0261148811-03	E.C.	Maria Shiela Masigla PT	97110	01/14/2013-01/28/2013	5	\$167.70
0261148811-03	E.C.	Maria Shiela Masigla PT	97124	01/14/2013-01/28/2013	5	\$70.20
0261148811-03	E.C.	Maria Shiela Masigla PT	97799	01/24/2013	1	\$49.50
0261148811-03	E.C.	Maria Shiela Masigla PT	64550	01/31/2013-02/04/2013	2	\$146.60
0261148811-03	E.C.	Maria Shiela Masigla PT	97010	01/31/2013-02/04/2013	2	\$36.50
0261148811-03	E.C.	Maria Shiela Masigla PT	97110	01/31/2013-02/04/2013	2	\$46.36
0261148811-03	E.C.	Maria Shiela Masigla PT	97124	01/31/2013-02/04/2013	2	\$40.42
0261148811-03	E.C.	Maria Shiela Masigla PT	97799	01/31/2013-02/04/2013	2	\$99.00
0261148811-03	E.C.	Maria Shiela Masigla PT	64550	02/07/2013-02/13/2013	2	\$146.60
0261148811-03	E.C.	Maria Shiela Masigla PT	97010	02/07/2013-02/13/2013	2	\$36.50
0261148811-03	E.C.	Maria Shiela Masigla PT	97110	02/07/2013-02/13/2013	2	\$46.36
0261148811-03	E.C.	Maria Shiela Masigla PT	97124	02/07/2013-02/13/2013	2	\$40.42
0261148811-03	E.C.	Maria Shiela Masigla PT	97799	02/07/2013-02/13/2013	2	\$99.00
0261148811-03	E.C.	Maria Shiela Masigla PT	64550	02/07/2013-02/13/2013	2	\$146.60
0261148811-03	E.C.	Maria Shiela Masigla PT	97799	02/07/2013-02/13/2013	2	\$99.00
0261148811-03	E.C.	Maria Shiela Masigla PT	64550	02/27/2013-03/11/2013	3	\$219.90
0261148811-03	E.C.	Maria Shiela Masigla PT	97799	02/27/2013-03/11/2013	3	\$148.50
0261148811-03	E.C.	Maria Shiela Masigla PT	64550	02/27/2013-03/11/2013	3	\$219.90
0261148811-03	E.C.	Maria Shiela Masigla PT	97010	02/27/2013-03/11/2013	3	\$54.75
0261148811-03	E.C.	Maria Shiela Masigla PT	97110	02/27/2013-03/11/2013	3	\$69.54
0261148811-03	E.C.	Maria Shiela Masigla PT	97124	02/27/2013-03/11/2013	3	\$60.63
0261148811-03	E.C.	Maria Shiela Masigla PT	64550	03/18/2013	1	\$73.30
0261148811-03	E.C.	Maria Shiela Masigla PT	97799	03/18/2013	1	\$49.50
0261148811-03	E.C.	Maria Shiela Masigla PT	97010	03/18/2013	1	\$18.25
0261148811-03	E.C.	Maria Shiela Masigla PT	97110	03/18/2013	1	\$23.18
0261148811-03	E.C.	Maria Shiela Masigla PT	97124	03/18/2013	1	\$20.21
0268725595-01	J.B.	Maria Shiela Masigla PT	64550	03/28/2013-04/04/2013	3	\$219.90
0268725595-01	J.B.	Maria Shiela Masigla PT	97010	03/28/2013-04/04/2013	3	\$54.75
0268725595-01	J.B.	Maria Shiela Masigla PT	97110	03/28/2013-04/04/2013	3	\$69.54
0268725595-01	J.B.	Maria Shiela Masigla PT	97124	03/28/2013-04/04/2013	3	\$60.63

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0268725595-01	J.B.	Maria Shiela Masigla PT	97799	03/28/2013-04/04/2013	2	\$99.00
0268725595-01	J.B.	Maria Shiela Masigla PT	64550	03/14/2013-03/25/2013	6	\$439.80
0268725595-01	J.B.	Maria Shiela Masigla PT	97799	03/14/2013-03/25/2013	6	\$297.00
0268725595-01	J.B.	Maria Shiela Masigla PT	97010	03/14/2013-03/25/2013	6	\$109.50
0268725595-01	J.B.	Maria Shiela Masigla PT	97110	03/14/2013-03/25/2013	6	\$139.08
0268725595-01	J.B.	Maria Shiela Masigla PT	97124	03/14/2013-03/25/2013	6	\$121.26
0268725595-01	J.B.	Maria Shiela Masigla PT	64550	04/10/2013-04/15/2013	2	\$146.60
0268725595-01	J.B.	Maria Shiela Masigla PT	97799	04/10/2013-04/15/2013	2	\$99.00
0268725595-01	J.B.	Maria Shiela Masigla PT	97010	04/10/2013-04/15/2013	2	\$36.50
0268725595-01	J.B.	Maria Shiela Masigla PT	97110	04/10/2013-04/15/2013	2	\$46.36
0268725595-01	J.B.	Maria Shiela Masigla PT	97124	04/10/2013-04/15/2013	2	\$40.42
0268725595-01	J.B.	Maria Shiela Masigla PT	64550	05/01/2013	1	\$73.30
0268725595-01	J.B.	Maria Shiela Masigla PT	97010	05/01/2013	1	\$18.25
0268725595-01	J.B.	Maria Shiela Masigla PT	97110	05/01/2013	1	\$23.18
0268725595-01	J.B.	Maria Shiela Masigla PT	97124	05/01/2013	1	\$20.21
0268725595-01	J.B.	Maria Shiela Masigla PT	97799	05/01/2013	1	\$49.50
0268725595-04	N.A.	Maria Shiela Masigla PT	97010	04/11/2013-04/25/2013	6	\$109.50
0268725595-04	N.A.	Maria Shiela Masigla PT	97110	04/11/2013-04/25/2013	6	\$139.08
0268725595-04	N.A.	Maria Shiela Masigla PT	97124	04/11/2013-04/25/2013	6	\$121.26
0268725595-04	N.A.	Maria Shiela Masigla PT	97010	04/26/2013-05/07/2013	2	\$36.50
0268725595-04	N.A.	Maria Shiela Masigla PT	97110	04/26/2013-05/07/2013	2	\$46.36
0268725595-04	N.A.	Maria Shiela Masigla PT	97124	04/26/2013-05/07/2013	2	\$40.42
0269624242-03	O.C.	Maria Shiela Masigla PT	64550	12/12/2012-12/19/2012	3	\$219.90
0269624242-03	O.C.	Maria Shiela Masigla PT	64550	01/02/2013-01/10/2013	4	\$293.20
0269624242-03	O.C.	Maria Shiela Masigla PT	97799	01/22/2013-01/24/2013	3	\$148.50
0269624242-03	O.C.	Maria Shiela Masigla PT	64550	01/11/2013-01/24/2013	5	\$366.50
0269624242-03	O.C.	Maria Shiela Masigla PT	64550	03/29/2013-04/08/2013	3	\$219.90
0269624242-03	O.C.	Maria Shiela Masigla PT	97010	03/29/2013-04/08/2013	3	\$54.75
0269624242-03	O.C.	Maria Shiela Masigla PT	97110	03/29/2013-04/08/2013	3	\$69.54
0269624242-03	O.C.	Maria Shiela Masigla PT	97124	03/29/2013-04/08/2013	3	\$60.63

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0269624242-03	O.C.	Maria Shiela Masigla PT	97799	03/29/2013-04/08/2013	3	\$148.50
0269624242-03	O.C.	Maria Shiela Masigla PT	64550	04/15/2013	1	\$73.30
0269624242-03	O.C.	Maria Shiela Masigla PT	97799	04/15/2013	1	\$49.50
0269624242-03	O.C.	Maria Shiela Masigla PT	97010	04/15/2013	1	\$18.25
0269624242-03	O.C.	Maria Shiela Masigla PT	97110	04/15/2013	1	\$23.18
0269624242-03	O.C.	Maria Shiela Masigla PT	97124	04/15/2013	1	\$20.21
0270766678-08	G.S.	Maria Shiela Masigla PT	64550	01/03/2013-01/23/2013	8	\$586.40
0270766678-08	G.S.	Maria Shiela Masigla PT	64550	01/24/2013-02/04/2013	3	\$219.90
0280378084-12	C.G.	Maria Shiela Masigla PT	97001	04/11/2013	1	\$72.92
0283577740-02	J.A.	Maria Shiela Masigla PT	64550	04/22/2013-05/07/2013	6	\$439.80
0283577740-02	J.A.	Maria Shiela Masigla PT	97001	04/22/2013	1	\$72.92
0283577740-02	J.A.	Maria Shiela Masigla PT	97010	04/22/2013-05/07/2013	6	\$109.50
0283577740-02	J.A.	Maria Shiela Masigla PT	97110	04/22/2013-05/07/2013	6	\$139.08
0283577740-02	J.A.	Maria Shiela Masigla PT	97124	04/22/2013-05/07/2013	6	\$121.26
0283577740-02	J.A.	Maria Shiela Masigla PT	97799	04/22/2013-05/07/2013	6	\$297.00
0283577740-02	J.A.	Maria Shiela Masigla PT	64550	05/10/2013-05/20/2013	5	\$366.50
0283577740-02	J.A.	Maria Shiela Masigla PT	97799	05/10/2013-05/20/2013	5	\$247.50
0283577740-02	J.A.	Maria Shiela Masigla PT	97010	05/10/2013-05/20/2013	5	\$91.25
0283577740-02	J.A.	Maria Shiela Masigla PT	97110	05/10/2013-05/20/2013	5	\$115.90
0283577740-02	J.A.	Maria Shiela Masigla PT	97124	05/10/2013-05/20/2013	5	\$101.05
0283577740-02	J.A.	Maria Shiela Masigla PT	64550	05/29/2013-06/03/2013	2	\$146.60
0283577740-02	J.A.	Maria Shiela Masigla PT	97010	05/29/2013-06/03/2013	2	\$36.50
0283577740-02	J.A.	Maria Shiela Masigla PT	97110	05/29/2013-06/03/2013	2	\$46.36
0283577740-02	J.A.	Maria Shiela Masigla PT	97124	05/29/2013-06/03/2013	2	\$40.42
0283577740-02	J.A.	Maria Shiela Masigla PT	97799	05/29/2013-06/03/2013	2	\$99.00
0283577740-02	J.A.	Maria Shiela Masigla PT	64550	06/05/2013-06/19/2013	7	\$513.10
0283577740-02	J.A.	Maria Shiela Masigla PT	97010	06/05/2013-06/19/2013	7	\$127.75
0283577740-02	J.A.	Maria Shiela Masigla PT	97110	06/05/2013-06/19/2013	7	\$162.26
0283577740-02	J.A.	Maria Shiela Masigla PT	97124	06/05/2013-06/19/2013	7	\$141.47
0283577740-02	J.A.	Maria Shiela Masigla PT	97799	06/05/2013-06/19/2013	7	\$346.50

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0283577740-03	M.M.	Maria Shiela Masigla PT	64550	04/24/2013-04/25/2013	2	\$146.60
0283577740-03	M.M.	Maria Shiela Masigla PT	97010	04/24/2013-04/25/2013	2	\$36.50
0283577740-03	M.M.	Maria Shiela Masigla PT	97110	04/24/2013-04/25/2013	2	\$46.36
0283577740-03	M.M.	Maria Shiela Masigla PT	97124	04/24/2013-04/25/2013	2	\$40.42
0283577740-03	M.M.	Maria Shiela Masigla PT	97799	04/24/2013-04/25/2013	2	\$99.00
0283577740-03	M.M.	Maria Shiela Masigla PT	97001	04/22/2013	1	\$72.92
0283577740-03	M.M.	Maria Shiela Masigla PT	97799	04/30/2013-05/07/2013	3	\$148.50
0283577740-03	M.M.	Maria Shiela Masigla PT	97010	04/30/2013-05/07/2013	3	\$54.75
0283577740-03	M.M.	Maria Shiela Masigla PT	97110	04/30/2013-05/07/2013	3	\$69.54
0283577740-03	M.M.	Maria Shiela Masigla PT	97124	04/30/2013-05/07/2013	3	\$60.63
0283577740-03	M.M.	Maria Shiela Masigla PT	64550	04/30/2013-05/07/2013	3	\$219.90
0283577740-03	M.M.	Maria Shiela Masigla PT	97010	05/13/2013-05/20/2013	4	\$73.00
0283577740-03	M.M.	Maria Shiela Masigla PT	97110	05/13/2013-05/20/2013	4	\$92.72
0283577740-03	M.M.	Maria Shiela Masigla PT	97124	05/13/2013-05/20/2013	4	\$80.84
0283577740-03	M.M.	Maria Shiela Masigla PT	64550	05/13/2013-05/20/2013	4	\$293.20
0283577740-03	M.M.	Maria Shiela Masigla PT	97799	05/13/2013-05/20/2013	4	\$198.00
0283577740-03	M.M.	Maria Shiela Masigla PT	97010	05/29/2013-06/03/2013	2	\$36.50
0283577740-03	M.M.	Maria Shiela Masigla PT	97110	05/29/2013-06/03/2013	2	\$46.36
0283577740-03	M.M.	Maria Shiela Masigla PT	97124	05/29/2013-06/03/2013	2	\$40.42
0283577740-03	M.M.	Maria Shiela Masigla PT	97799	05/29/2013-06/03/2013	2	\$99.00
0283577740-03	M.M.	Maria Shiela Masigla PT	64550	05/29/2013-06/03/2013	2	\$146.60
0284992970-03	A.F.	Maria Shiela Masigla PT	97010	05/20/2013-06/03/2013	6	\$109.50
0284992970-03	A.F.	Maria Shiela Masigla PT	97110	05/20/2013-06/03/2013	6	\$139.08
0284992970-03	A.F.	Maria Shiela Masigla PT	97124	05/20/2013-06/03/2013	6	\$121.26
0284992970-03	A.F.	Maria Shiela Masigla PT	64550	05/20/2013-06/03/2013	6	\$439.80
0284992970-03	A.F.	Maria Shiela Masigla PT	97001	05/17/2013	1	\$72.92
0284992970-03	A.F.	Maria Shiela Masigla PT	97799	05/20/2013-06/03/2013	6	\$297.00
0288265572-02	A.F.	Maria Shiela Masigla PT	64550	05/20/2013-06/03/2013	6	\$439.80
0288265572-02	A.F.	Maria Shiela Masigla PT	97799	05/20/2013-06/03/2013	6	\$297.00
0288265572-02	A.F.	Maria Shiela Masigla PT	64550	05/20/2013-06/03/2013	6	\$439.80

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0288265572-02	A.F.	Maria Shiela Masigla PT	97799	05/22/2013-06/03/2013	5	\$297.00
0431774421-01	J.C.	Maria Shiela Masigla PT	97010	07/05/2017-07/27/2017	9	\$164.25
0431774421-01	J.C.	Maria Shiela Masigla PT	97110	07/05/2017-07/27/2017	9	\$208.62
0431774421-01	J.C.	Maria Shiela Masigla PT	97124	07/05/2017-07/27/2017	9	\$181.89
0431774421-01	J.C.	Maria Shiela Masigla PT	97799	07/05/2017-07/27/2017	9	\$445.50
0431774421-01	J.C.	Maria Shiela Masigla PT	64550	07/05/2017-07/27/2017	9	\$659.61
0431774421-01	J.C.	Maria Shiela Masigla PT	64550	08/01/2017-08/29/2017	2	\$146.58
0431774421-01	J.C.	Maria Shiela Masigla PT	97010	08/01/2017-08/29/2017	2	\$36.50
0431774421-01	J.C.	Maria Shiela Masigla PT	97110	08/01/2017-08/29/2017	2	\$46.36
0431774421-01	J.C.	Maria Shiela Masigla PT	97124	08/01/2017-08/29/2017	2	\$40.42
0431774421-01	J.C.	Maria Shiela Masigla PT	97799	08/01/2017-08/29/2017	2	\$99.00
0431774421-01	J.C.	Maria Shiela Masigla PT	97010	08/31/2017-09/12/2017	3	\$54.75
0431774421-01	J.C.	Maria Shiela Masigla PT	97110	08/31/2017-09/12/2017	3	\$69.54
0431774421-01	J.C.	Maria Shiela Masigla PT	97124	08/31/2017-09/12/2017	3	\$60.63
0431774421-01	J.C.	Maria Shiela Masigla PT	64550	08/31/2017-09/12/2017	3	\$219.87
0431774421-01	J.C.	Maria Shiela Masigla PT	97799	08/31/2017-09/12/2017	3	\$148.50
0476244595-03	J.M.	Maria Shiela Masigla PT	97162	10/20/2017	1	\$72.92
0476244595-03	J.M.	Maria Shiela Masigla PT	64550	10/23/2017-11/08/2017	8	\$586.32
0476244595-03	J.M.	Maria Shiela Masigla PT	97799	10/23/2017-11/08/2017	8	\$396.00
0476244595-03	J.M.	Maria Shiela Masigla PT	64550	11/13/2017-11/30/2017	8	\$586.32
0476244595-03	J.M.	Maria Shiela Masigla PT	97799	11/13/2017-11/30/2017	8	\$396.00
0476244595-03	J.M.	Maria Shiela Masigla PT	64550	12/04/2017-12/27/2017	11	\$806.19
0476244595-03	J.M.	Maria Shiela Masigla PT	97799	12/04/2017-12/27/2017	11	\$544.50
0476244595-03	J.M.	Maria Shiela Masigla PT	97799	12/28/2017-01/16/2018	3	\$148.50
0476244595-03	J.M.	Maria Shiela Masigla PT	64550	01/22/2018-02/06/2018	3	\$219.87
0476244595-03	J.M.	Maria Shiela Masigla PT	97799	01/22/2018-02/06/2018	3	\$148.50
0476244595-03	J.M.	Maria Shiela Masigla PT	97164	02/06/2018	1	\$40.17
0478186786-02	M.L.	Maria Shiela Masigla PT	97162	10/16/2017	1	\$72.92
0478186786-02	M.L.	Maria Shiela Masigla PT	64550	10/17/2017-11/02/2017	7	\$513.03
0478186786-02	M.L.	Maria Shiela Masigla PT	97010	10/17/2017-11/02/2017	7	\$127.75

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0478186786-02	M.L.	Maria Shiela Masigla PT	97110	10/17/2017-11/02/2017	7	\$162.26
0478186786-02	M.L.	Maria Shiela Masigla PT	97124	10/17/2017-11/02/2017	7	\$141.47
0478186786-02	M.L.	Maria Shiela Masigla PT	97799	10/17/2017-11/02/2017	7	\$346.50
0478186786-02	M.L.	Maria Shiela Masigla PT	97799	11/09/2017-11/30/2017	5	\$247.50
0478186786-02	M.L.	Maria Shiela Masigla PT	97010	11/09/2017-11/30/2017	5	\$91.25
0478186786-02	M.L.	Maria Shiela Masigla PT	97110	11/09/2017-11/30/2017	5	\$115.90
0478186786-02	M.L.	Maria Shiela Masigla PT	97124	11/09/2017-11/30/2017	5	\$101.05
0478186786-02	M.L.	Maria Shiela Masigla PT	64550	11/09/2017-11/30/2017	5	\$366.45
0478186786-02	M.L.	Maria Shiela Masigla PT	97010	12/06/2017-12/13/2017	3	\$54.75
0478186786-02	M.L.	Maria Shiela Masigla PT	97110	12/06/2017-12/13/2017	3	\$69.54
0478186786-02	M.L.	Maria Shiela Masigla PT	97124	12/06/2017-12/13/2017	3	\$60.63
0478186786-02	M.L.	Maria Shiela Masigla PT	64550	12/06/2017-12/13/2017	3	\$219.87
0478186786-02	M.L.	Maria Shiela Masigla PT	97799	12/06/2017-12/13/2017	3	\$148.50
0478186786-02	M.L.	Maria Shiela Masigla PT	64550	01/22/2018	1	\$73.29
0478186786-02	M.L.	Maria Shiela Masigla PT	97799	01/22/2018	1	\$49.50
0478186786-02	M.L.	Maria Shiela Masigla PT	97164	01/22/2018	1	\$40.17
0478186786-03	P.O.	Maria Shiela Masigla PT	97162	10/16/2017	1	\$72.92
0478186786-03	P.O.	Maria Shiela Masigla PT	64550	10/17/2017-11/09/2017	10	\$732.90
0478186786-03	P.O.	Maria Shiela Masigla PT	97010	10/17/2017-11/09/2017	10	\$182.50
0478186786-03	P.O.	Maria Shiela Masigla PT	97110	10/17/2017-11/09/2017	10	\$231.80
0478186786-03	P.O.	Maria Shiela Masigla PT	97124	10/17/2017-11/09/2017	10	\$202.10
0478186786-03	P.O.	Maria Shiela Masigla PT	97799	10/17/2017-11/09/2017	10	\$495.00
0478186786-03	P.O.	Maria Shiela Masigla PT	97164	11/07/2017	1	\$40.17
0478186786-03	P.O.	Maria Shiela Masigla PT	95831	11/09/2017	1	\$305.20
0478186786-03	P.O.	Maria Shiela Masigla PT	95833	11/09/2017	1	\$114.32
0478186786-03	P.O.	Maria Shiela Masigla PT	95851	11/09/2017	1	\$228.55
0478186786-03	P.O.	Maria Shiela Masigla PT	97799	11/13/2017-11/29/2017	8	\$396.00
0478186786-03	P.O.	Maria Shiela Masigla PT	64550	11/13/2017-11/22/2017	5	\$366.45
0478186786-03	P.O.	Maria Shiela Masigla PT	97010	11/13/2017-11/29/2017	8	\$146.00
0478186786-03	P.O.	Maria Shiela Masigla PT	97110	11/13/2017-11/29/2017	8	\$185.44

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0478186786-03	P.O.	Maria Shiela Masigla PT	97124	11/13/2017-11/29/2017	8	\$161.68
0478186786-03	P.O.	Maria Shiela Masigla PT	97012	12/04/2017	1	\$15.66
0478186786-03	P.O.	Maria Shiela Masigla PT	97799	12/04/2017-12/26/2017	7	\$346.50
0478186786-03	P.O.	Maria Shiela Masigla PT	97010	12/04/2017-12/26/2017	7	\$127.75
0478186786-03	P.O.	Maria Shiela Masigla PT	97110	12/04/2017-12/26/2017	7	\$162.26
0478186786-03	P.O.	Maria Shiela Masigla PT	97124	12/04/2017-12/26/2017	7	\$141.47
0478186786-03	P.O.	Maria Shiela Masigla PT	97799	01/02/2018-01/18/2018	4	\$198.00
0478186786-03	P.O.	Maria Shiela Masigla PT	97010	01/02/2018-01/18/2018	4	\$73.00
0478186786-03	P.O.	Maria Shiela Masigla PT	97110	01/02/2018-01/18/2018	4	\$92.72
0478186786-03	P.O.	Maria Shiela Masigla PT	97124	01/02/2018-01/18/2018	4	\$80.84
0478186786-03	P.O.	Maria Shiela Masigla PT	95831	01/15/2018	1	\$305.20
0478186786-03	P.O.	Maria Shiela Masigla PT	95833	01/15/2018	1	\$114.32
0478186786-03	P.O.	Maria Shiela Masigla PT	95851	01/15/2018	1	\$182.84
0478186786-03	P.O.	Maria Shiela Masigla PT	97799	01/22/2018-02/07/2018	8	\$396.00
0478186786-03	P.O.	Maria Shiela Masigla PT	97010	01/22/2018-02/07/2018	8	\$146.00
0478186786-03	P.O.	Maria Shiela Masigla PT	97110	01/22/2018-02/07/2018	8	\$185.44
0478186786-03	P.O.	Maria Shiela Masigla PT	97124	01/22/2018-02/07/2018	8	\$161.68
0478186786-03	P.O.	Maria Shiela Masigla PT	97012	01/24/2018	1	\$15.66
0478186786-03	P.O.	Maria Shiela Masigla PT	97012	02/19/2018	1	\$15.66
0478186786-03	P.O.	Maria Shiela Masigla PT	97164	02/13/2018	1	\$40.17
0478186786-03	P.O.	Maria Shiela Masigla PT	97010	02/13/2018-02/26/2018	3	\$54.75
0478186786-03	P.O.	Maria Shiela Masigla PT	97110	02/13/2018-02/26/2018	3	\$69.54
0478186786-03	P.O.	Maria Shiela Masigla PT	97124	02/13/2018-02/26/2018	3	\$60.63
0478186786-03	P.O.	Maria Shiela Masigla PT	97799	02/13/2018-02/26/2018	3	\$148.50
0478186786-03	P.O.	Maria Shiela Masigla PT	97010	03/13/2018-04/03/2018	2	\$36.50
0478186786-03	P.O.	Maria Shiela Masigla PT	97110	03/13/2018-04/03/2018	2	\$46.36
0478186786-03	P.O.	Maria Shiela Masigla PT	97124	03/13/2018-04/03/2018	2	\$40.42
0478186786-03	P.O.	Maria Shiela Masigla PT	97799	03/13/2018-04/03/2018	2	\$99.00
0478186786-08	S.P.	Maria Shiela Masigla PT	64550	10/23/2017-11/09/2017	7	\$513.03
0478186786-08	S.P.	Maria Shiela Masigla PT	95831	11/09/2017	1	\$218.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0478186786-08	S.P.	Maria Shiela Masigla PT	95833	11/09/2017	1	\$114.32
0478186786-08	S.P.	Maria Shiela Masigla PT	95851	11/09/2017	1	\$137.13
0478186786-08	S.P.	Maria Shiela Masigla PT	97010	11/13/2017-11/30/2017	7	\$127.75
0478186786-08	S.P.	Maria Shiela Masigla PT	97110	11/13/2017-11/30/2017	7	\$162.26
0478186786-08	S.P.	Maria Shiela Masigla PT	97124	11/13/2017-11/30/2017	7	\$141.47
0478186786-08	S.P.	Maria Shiela Masigla PT	97799	11/13/2017-11/30/2017	7	\$346.50
0478186786-08	S.P.	Maria Shiela Masigla PT	64550	11/13/2017-11/30/2017	7	\$513.03
0478186786-08	S.P.	Maria Shiela Masigla PT	97010	12/06/2017-12/13/2017	3	\$54.75
0478186786-08	S.P.	Maria Shiela Masigla PT	97110	12/06/2017-12/13/2017	3	\$69.54
0478186786-08	S.P.	Maria Shiela Masigla PT	97124	12/06/2017-12/13/2017	3	\$60.63
0478186786-08	S.P.	Maria Shiela Masigla PT	97799	12/06/2017-12/13/2017	3	\$148.50
0478186786-08	S.P.	Maria Shiela Masigla PT	64550	12/06/2017-12/13/2017	3	\$219.87
0478186786-08	S.P.	Maria Shiela Masigla PT	97164	01/22/2018	1	\$40.17
0478186786-08	S.P.	Maria Shiela Masigla PT	64550	01/22/2018-01/25/2018	2	\$146.58
0478186786-08	S.P.	Maria Shiela Masigla PT	97799	01/22/2018-01/25/2018	2	\$99.00
0478186786-08	S.P.	Maria Shiela Masigla PT	95831	01/22/2018	1	\$218.00
0478186786-08	S.P.	Maria Shiela Masigla PT	95833	01/22/2018	1	\$114.32
0478186786-08	S.P.	Maria Shiela Masigla PT	95851	01/22/2018	1	\$137.13
0478186786-08	S.P.	Maria Shiela Masigla PT	64550	03/20/2018	1	\$73.29
0478186786-08	S.P.	Maria Shiela Masigla PT	97010	03/20/2018	1	\$18.25
0478186786-08	S.P.	Maria Shiela Masigla PT	97110	03/20/2018	1	\$23.18
0478186786-08	S.P.	Maria Shiela Masigla PT	97124	03/20/2018	1	\$20.21
0478186786-08	S.P.	Maria Shiela Masigla PT	97799	03/20/2018	1	\$49.50
0478186786-12	L.M.	Maria Shiela Masigla PT	97162	10/24/2017	1	\$72.92
0478186786-12	L.M.	Maria Shiela Masigla PT	64550	10/26/2017-11/09/2017	6	\$439.74
0478186786-12	L.M.	Maria Shiela Masigla PT	97010	10/26/2017-11/09/2017	6	\$109.50
0478186786-12	L.M.	Maria Shiela Masigla PT	97110	10/26/2017-11/09/2017	6	\$139.08
0478186786-12	L.M.	Maria Shiela Masigla PT	97124	10/26/2017-11/09/2017	6	\$121.19
0478186786-12	L.M.	Maria Shiela Masigla PT	97799	10/26/2017-11/09/2017	6	\$297.00
0478186786-12	L.M.	Maria Shiela Masigla PT	95831	10/31/2017	1	\$218.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0478186786-12	L.M.	Maria Shiela Masigla PT	95833	10/31/2017	1	\$114.32
0478186786-12	L.M.	Maria Shiela Masigla PT	95851	10/31/2017	1	\$137.13
0478186786-12	L.M.	Maria Shiela Masigla PT	97799	11/15/2017-11/29/2017	5	\$247.50
0478186786-12	L.M.	Maria Shiela Masigla PT	97010	11/15/2017-11/29/2017	5	\$91.25
0478186786-12	L.M.	Maria Shiela Masigla PT	97110	11/15/2017-11/29/2017	5	\$115.90
0478186786-12	L.M.	Maria Shiela Masigla PT	97124	11/15/2017-11/29/2017	5	\$101.05
0478186786-12	L.M.	Maria Shiela Masigla PT	64550	11/15/2017-11/29/2017	5	\$366.45
0478186786-12	L.M.	Maria Shiela Masigla PT	97799	12/04/2017-12/12/2017	3	\$148.50
0478186786-12	L.M.	Maria Shiela Masigla PT	64550	12/04/2017-12/12/2017	3	\$219.87
0478186786-12	L.M.	Maria Shiela Masigla PT	97010	12/04/2017-12/12/2017	3	\$54.75
0478186786-12	L.M.	Maria Shiela Masigla PT	97110	12/04/2017-12/12/2017	3	\$69.54
0478186786-12	L.M.	Maria Shiela Masigla PT	97124	12/04/2017-12/12/2017	3	\$60.63
0478186786-12	L.M.	Maria Shiela Masigla PT	97164	01/17/2018	1	\$40.17
0478186786-12	L.M.	Maria Shiela Masigla PT	64550	01/09/2018-01/17/2018	2	\$146.58
0478186786-12	L.M.	Maria Shiela Masigla PT	97010	01/09/2018-01/17/2018	2	\$36.50
0478186786-12	L.M.	Maria Shiela Masigla PT	97110	01/09/2018-01/17/2018	2	\$46.36
0478186786-12	L.M.	Maria Shiela Masigla PT	97124	01/09/2018-01/17/2018	2	\$40.42
0478186786-12	L.M.	Maria Shiela Masigla PT	97799	01/09/2018-01/17/2018	2	\$99.00
0482079902-02	S.B.	Maria Shiela Masigla PT	97162	11/14/2017	1	\$72.92
0482079902-02	S.B.	Maria Shiela Masigla PT	64550	11/17/2017	1	\$73.29
0482079902-02	S.B.	Maria Shiela Masigla PT	97799	11/17/2017	1	\$49.50
0492252812-02	S.B.	Maria Shiela Masigla PT	97162	02/23/2018	1	\$72.92
0492252812-02	S.B.	Maria Shiela Masigla PT	97799	03/07/2018-04/04/2018	13	\$643.50
0492252812-02	S.B.	Maria Shiela Masigla PT	97799	04/06/2018-04/25/2018	8	\$396.00
0492252812-02	S.B.	Maria Shiela Masigla PT	64550	04/06/2018-04/25/2018	8	\$586.32
0492252812-02	S.B.	Maria Shiela Masigla PT	97164	05/07/2018	1	\$40.17
0492252812-02	S.B.	Maria Shiela Masigla PT	64550	04/27/2018-05/16/2018	8	\$586.32
0492252812-02	S.B.	Maria Shiela Masigla PT	64550	05/21/2018-06/13/2018	8	\$586.32
0492252812-02	S.B.	Maria Shiela Masigla PT	97799	06/18/2018-07/11/2018	7	\$346.50
0492252812-02	S.B.	Maria Shiela Masigla PT	64550	06/18/2018-07/11/2018	7	\$513.03

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0492252812-02	S.B.	Maria Shiela Masigla PT	64550	07/16/2018-07/30/2018	4	\$293.16
0492252812-02	S.B.	Maria Shiela Masigla PT	97799	07/16/2018-07/30/2018	4	\$198.00
0492252812-02	S.B.	Maria Shiela Masigla PT	97010	07/16/2018-07/30/2018	4	\$73.00
0492252812-02	S.B.	Maria Shiela Masigla PT	97110	07/16/2018-07/30/2018	4	\$92.72
0492252812-02	S.B.	Maria Shiela Masigla PT	97124	07/16/2018-07/30/2018	4	\$80.84
0496020934-01	E.D.	Maria Shiela Masigla PT	97162	03/26/2018	1	\$72.92
0496020934-01	E.D.	Maria Shiela Masigla PT	64550	03/27/2018-03/28/2018	2	\$146.58
0496020934-01	E.D.	Maria Shiela Masigla PT	97799	03/27/2018-03/28/2018	2	\$99.00
0496020934-01	E.D.	Maria Shiela Masigla PT	97124	04/06/2018-04/25/2018	9	\$181.89
0496020934-01	E.D.	Maria Shiela Masigla PT	64550	04/06/2018-04/25/2018	9	\$659.61
0496020934-01	E.D.	Maria Shiela Masigla PT	97799	04/06/2018	1	\$49.50
0496020934-01	E.D.	Maria Shiela Masigla PT	95833	04/24/2018	1	\$114.32
0496020934-01	E.D.	Maria Shiela Masigla PT	64550	04/26/2018-05/16/2018	10	\$732.90
0496020934-01	E.D.	Maria Shiela Masigla PT	64550	05/22/2018-06/11/2018	7	\$513.03
0496020934-04	J.N.	Maria Shiela Masigla PT	97162	03/26/2018	1	\$72.92
0496020934-04	J.N.	Maria Shiela Masigla PT	64550	03/27/2018-03/28/2018	2	\$146.58
0496020934-04	J.N.	Maria Shiela Masigla PT	97124	03/27/2018-03/28/2018	2	\$40.42
0496020934-04	J.N.	Maria Shiela Masigla PT	97799	03/27/2018-03/28/2018	2	\$99.00
0496020934-04	J.N.	Maria Shiela Masigla PT	97799	04/09/2018-04/26/2018	9	\$445.50
0496020934-04	J.N.	Maria Shiela Masigla PT	64550	04/09/2018-04/26/2018	9	\$659.61
0496020934-04	J.N.	Maria Shiela Masigla PT	95833	04/30/2018	1	\$114.32
0496020934-04	J.N.	Maria Shiela Masigla PT	97799	04/30/2018-05/16/2018	9	\$445.50
0496020934-04	J.N.	Maria Shiela Masigla PT	64550	05/22/2018-06/12/2018	9	\$659.61
0496020934-04	J.N.	Maria Shiela Masigla PT	97799	05/22/2018-06/12/2018	9	\$445.50
0496020934-04	J.N.	Maria Shiela Masigla PT	95833	06/25/2018	1	\$114.32
0496020934-04	J.N.	Maria Shiela Masigla PT	97799	06/14/2018-06/25/2018	3	\$148.50
0496020934-04	J.N.	Maria Shiela Masigla PT	64550	06/14/2018-06/25/2018	3	\$219.87
0496020934-04	J.N.	Maria Shiela Masigla PT	97010	06/14/2018-06/25/2018	3	\$54.75
0496020934-04	J.N.	Maria Shiela Masigla PT	97110	06/14/2018-06/25/2018	3	\$69.54
0496020934-04	J.N.	Maria Shiela Masigla PT	97124	06/14/2018-06/25/2018	3	\$60.63

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0505336941-02	P.G.	Maria Shiela Masigla PT	95833	06/11/2018	1	\$114.32
0505336941-02	P.G.	Maria Shiela Masigla PT	97799	06/11/2018-07/10/2018	14	\$693.00
0505336941-02	P.G.	Maria Shiela Masigla PT	97799	07/12/2018-08/01/2018	9	\$445.50
0505336941-05	E.K.	Maria Shiela Masigla PT	95833	06/11/2018	1	\$114.32
0505336941-05	E.K.	Maria Shiela Masigla PT	97799	06/11/2018-07/11/2018	8	\$396.00
0505336941-05	E.K.	Maria Shiela Masigla PT	97799	07/12/2018-07/18/2018	4	\$198.00
0374512275-02	B.S.	MSB Physical Therapy PC	64550	12/19/2016-12/28/2016	4	\$293.16
0374512275-02	B.S.	MSB Physical Therapy PC	97002	12/19/2016	1	\$40.17
0374512275-02	B.S.	MSB Physical Therapy PC	97010	12/19/2016-12/28/2016	4	\$73.00
0374512275-02	B.S.	MSB Physical Therapy PC	97110	12/19/2016-12/28/2016	4	\$92.72
0374512275-02	B.S.	MSB Physical Therapy PC	97124	12/19/2016-12/28/2016	4	\$80.84
0374512275-02	B.S.	MSB Physical Therapy PC	97799	12/19/2016-12/28/2016	4	\$198.00
0374512275-02	B.S.	MSB Physical Therapy PC	64550	01/03/2017-01/04/2017	2	\$146.58
0374512275-02	B.S.	MSB Physical Therapy PC	97010	01/03/2017-01/04/2017	2	\$36.50
0374512275-02	B.S.	MSB Physical Therapy PC	97110	01/03/2017-01/04/2017	2	\$46.36
0374512275-02	B.S.	MSB Physical Therapy PC	97124	01/03/2017-01/04/2017	2	\$40.42
0374512275-02	B.S.	MSB Physical Therapy PC	97799	01/03/2017-01/04/2017	2	\$99.00
0374512275-02	B.S.	MSB Physical Therapy PC	64550	01/17/2017	1	\$73.29
0374512275-02	B.S.	MSB Physical Therapy PC	97010	01/17/2017	1	\$18.25
0374512275-02	B.S.	MSB Physical Therapy PC	97110	01/17/2017	1	\$23.18
0374512275-02	B.S.	MSB Physical Therapy PC	97124	01/17/2017	1	\$20.21
0374512275-02	B.S.	MSB Physical Therapy PC	97799	01/17/2017	1	\$49.50
0374512275-02	B.S.	MSB Physical Therapy PC	64550	02/01/2017	1	\$73.29
0374512275-02	B.S.	MSB Physical Therapy PC	97010	02/01/2017	1	\$18.25
0374512275-02	B.S.	MSB Physical Therapy PC	97110	02/01/2017	1	\$23.18
0374512275-02	B.S.	MSB Physical Therapy PC	97124	02/01/2017	1	\$20.21
0374512275-02	B.S.	MSB Physical Therapy PC	97799	02/01/2017	1	\$49.50
0411304496-01	I.L.	MSB Physical Therapy PC	97799	09/16/2016	1	\$49.50
0411304496-01	I.L.	MSB Physical Therapy PC	97799	10/19/2016-11/02/2016	6	\$297.00
0411304496-01	I.L.	MSB Physical Therapy PC	97799	12/01/2016-12/02/2016	2	\$99.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0411304496-01	I.L.	MSB Physical Therapy PC	97799	01/11/2017-01/13/2017	2	\$99.00
0411304496-01	I.L.	MSB Physical Therapy PC	97799	01/12/2017	1	\$49.50
0411304496-01	I.L.	MSB Physical Therapy PC	97799	01/26/2017-01/27/2017	2	\$99.00
0411304496-02	J.L.	MSB Physical Therapy PC	97799	09/16/2016	1	\$49.50
0411304496-02	J.L.	MSB Physical Therapy PC	97002	10/19/2016	1	\$40.17
0411304496-02	J.L.	MSB Physical Therapy PC	97799	10/19/2016-11/02/2016	6	\$297.00
0411304496-02	J.L.	MSB Physical Therapy PC	97010	10/19/2016-11/02/2016	6	\$109.50
0411304496-02	J.L.	MSB Physical Therapy PC	97110	10/19/2016-11/02/2016	6	\$139.08
0411304496-02	J.L.	MSB Physical Therapy PC	97124	10/19/2016-11/02/2016	6	\$121.26
0411304496-02	J.L.	MSB Physical Therapy PC	64550	10/19/2016-11/02/2016	6	\$439.74
0411304496-02	J.L.	MSB Physical Therapy PC	64550	12/01/2016-12/02/2016	2	\$146.58
0411304496-02	J.L.	MSB Physical Therapy PC	97010	12/01/2016-12/02/2016	2	\$36.50
0411304496-02	J.L.	MSB Physical Therapy PC	97110	12/01/2016-12/02/2016	2	\$46.36
0411304496-02	J.L.	MSB Physical Therapy PC	97124	12/01/2016-12/02/2016	2	\$40.42
0411304496-02	J.L.	MSB Physical Therapy PC	97799	12/01/2016-12/02/2016	2	\$99.00
0411304496-02	J.L.	MSB Physical Therapy PC	64550	01/11/2017-01/13/2017	2	\$146.58
0411304496-02	J.L.	MSB Physical Therapy PC	97010	01/11/2017-01/13/2017	2	\$36.50
0411304496-02	J.L.	MSB Physical Therapy PC	97110	01/11/2017-01/13/2017	2	\$46.36
0411304496-02	J.L.	MSB Physical Therapy PC	97124	01/11/2017-01/13/2017	2	\$40.42
0411304496-02	J.L.	MSB Physical Therapy PC	97799	01/11/2017-01/13/2017	2	\$99.00
0411304496-02	J.L.	MSB Physical Therapy PC	64550	01/12/2017	1	\$73.29
0411304496-02	J.L.	MSB Physical Therapy PC	97010	01/12/2017	1	\$18.25
0411304496-02	J.L.	MSB Physical Therapy PC	97110	01/12/2017	1	\$23.18
0411304496-02	J.L.	MSB Physical Therapy PC	97124	01/12/2017	1	\$20.21
0411304496-02	J.L.	MSB Physical Therapy PC	97799	01/12/2017	1	\$49.50
0411304496-02	J.L.	MSB Physical Therapy PC	64550	01/26/2017-01/27/2017	2	\$146.58
0411304496-02	J.L.	MSB Physical Therapy PC	97010	01/26/2017-01/27/2017	2	\$36.50
0411304496-02	J.L.	MSB Physical Therapy PC	97110	01/26/2017-01/27/2017	2	\$46.36
0411304496-02	J.L.	MSB Physical Therapy PC	97124	01/26/2017-01/27/2017	2	\$40.42
0411304496-02	J.L.	MSB Physical Therapy PC	97799	01/26/2017-01/27/2017	2	\$99.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0431774421-01	J.C.	MSB Physical Therapy PC	64550	10/10/2016-11/07/2016	10	\$732.90
0431774421-01	J.C.	MSB Physical Therapy PC	97799	10/10/2016-11/07/2016	10	\$495.00
0431774421-01	J.C.	MSB Physical Therapy PC	97799	11/09/2016-12/05/2016	4	\$198.00
0431774421-01	J.C.	MSB Physical Therapy PC	97799	12/06/2016-12/29/2016	10	\$495.00
0431774421-01	J.C.	MSB Physical Therapy PC	97799	01/03/2017-01/04/2017	2	\$99.00
0431774421-01	J.C.	MSB Physical Therapy PC	64550	02/15/2017-02/16/2017	2	\$146.58
0431774421-01	J.C.	MSB Physical Therapy PC	97799	02/15/2017-02/16/2017	2	\$99.00
0431774421-01	J.C.	MSB Physical Therapy PC	64550	02/21/2017-03/09/2017	7	\$513.03
0431774421-01	J.C.	MSB Physical Therapy PC	97799	02/21/2017-03/09/2017	7	\$346.50
0431774421-01	J.C.	MSB Physical Therapy PC	64550	05/30/2017-06/05/2017	4	\$293.16
0431774421-01	J.C.	MSB Physical Therapy PC	97010	05/30/2017-06/05/2017	4	\$73.00
0431774421-01	J.C.	MSB Physical Therapy PC	97124	05/30/2017-06/05/2017	4	\$80.84
0431774421-01	J.C.	MSB Physical Therapy PC	97799	05/30/2017-06/05/2017	4	\$198.00
0431774421-01	J.C.	MSB Physical Therapy PC	97110	05/31/2017-06/05/2017	3	\$69.54
0431774421-01	J.C.	MSB Physical Therapy PC	64550	06/06/2017-06/27/2017	7	\$513.03
0431774421-01	J.C.	MSB Physical Therapy PC	97799	06/06/2017-06/27/2017	7	\$346.50
0431774421-01	J.C.	MSB Physical Therapy PC	97164	06/06/2017	1	\$40.17
0431774421-01	J.C.	MSB Physical Therapy PC	97010	06/06/2017-06/27/2017	7	\$127.75
0431774421-01	J.C.	MSB Physical Therapy PC	97110	06/06/2017-06/27/2017	7	\$162.26
0431774421-01	J.C.	MSB Physical Therapy PC	97124	06/06/2017-06/27/2017	7	\$141.47
0431774421-02	P.C.	MSB Physical Therapy PC	97799	10/10/2016-11/26/2016	12	\$594.00
0431774421-02	P.C.	MSB Physical Therapy PC	64550	11/08/2016-12/06/2016	14	\$1,026.06
0431774421-02	P.C.	MSB Physical Therapy PC	97799	11/08/2016-12/06/2016	14	\$693.00
0431774421-02	P.C.	MSB Physical Therapy PC	97799	12/07/2016-12/28/2016	9	\$445.50
0431774421-02	P.C.	MSB Physical Therapy PC	97799	01/10/2017	1	\$49.50
0431774421-02	P.C.	MSB Physical Therapy PC	97799	01/09/2017-01/11/2017	2	\$99.00
0431774421-02	P.C.	MSB Physical Therapy PC	97799	01/03/2017-01/04/2017	2	\$99.00
0431774421-02	P.C.	MSB Physical Therapy PC	64550	01/19/2017-01/25/2017	4	\$293.16
0431774421-02	P.C.	MSB Physical Therapy PC	97799	01/19/2017-01/25/2017	4	\$198.00
0431774421-02	P.C.	MSB Physical Therapy PC	64550	01/17/2017	1	\$73.29

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0431774421-02	P.C.	MSB Physical Therapy PC	97799	01/17/2017	1	\$49.50
0431774421-02	P.C.	MSB Physical Therapy PC	64550	01/31/2017-02/20/2017	6	\$439.74
0431774421-02	P.C.	MSB Physical Therapy PC	97010	01/31/2017-02/20/2017	6	\$109.50
0431774421-02	P.C.	MSB Physical Therapy PC	97110	01/31/2017-02/20/2017	6	\$139.08
0431774421-02	P.C.	MSB Physical Therapy PC	97124	01/31/2017-02/20/2017	6	\$121.26
0431774421-02	P.C.	MSB Physical Therapy PC	97799	01/31/2017-02/20/2017	6	\$297.00
0431774421-02	P.C.	MSB Physical Therapy PC	64550	02/21/2017-03/29/2017	10	\$732.90
0431774421-02	P.C.	MSB Physical Therapy PC	97010	02/21/2017-03/29/2017	10	\$182.50
0431774421-02	P.C.	MSB Physical Therapy PC	97110	02/21/2017-03/29/2017	10	\$231.80
0431774421-02	P.C.	MSB Physical Therapy PC	97124	02/21/2017-03/29/2017	10	\$202.10
0431774421-02	P.C.	MSB Physical Therapy PC	97799	02/21/2017-03/29/2017	10	\$495.00
0431774421-02	P.C.	MSB Physical Therapy PC	64550	04/05/2017-04/17/2017	2	\$146.58
0431774421-02	P.C.	MSB Physical Therapy PC	97010	04/05/2017-04/17/2017	2	\$36.50
0431774421-02	P.C.	MSB Physical Therapy PC	97110	04/05/2017-04/17/2017	2	\$46.36
0431774421-02	P.C.	MSB Physical Therapy PC	97124	04/05/2017-04/17/2017	2	\$40.42
0431774421-02	P.C.	MSB Physical Therapy PC	97799	04/05/2017-04/17/2017	2	\$99.00
0431774421-03	D.S.	MSB Physical Therapy PC	97799	10/13/2016-11/08/2016	10	\$544.50
0431774421-03	D.S.	MSB Physical Therapy PC	64550	11/10/2016-12/06/2016	12	\$879.48
0431774421-03	D.S.	MSB Physical Therapy PC	97799	11/10/2016-12/06/2016	12	\$594.00
0431774421-03	D.S.	MSB Physical Therapy PC	97799	12/07/2016-12/30/2016	10	\$495.00
0431774421-03	D.S.	MSB Physical Therapy PC	97799	01/04/2017-01/05/2017	2	\$99.00
0431774421-03	D.S.	MSB Physical Therapy PC	97799	01/16/2017	1	\$49.50
0431774421-03	D.S.	MSB Physical Therapy PC	64550	01/10/2017-01/12/2017	2	\$146.58
0431774421-03	D.S.	MSB Physical Therapy PC	97799	01/10/2017-01/12/2017	2	\$99.00
0431774421-03	D.S.	MSB Physical Therapy PC	97799	01/17/2017	1	\$49.50
0431774421-03	D.S.	MSB Physical Therapy PC	64550	01/23/2017-01/25/2017	3	\$219.87
0431774421-03	D.S.	MSB Physical Therapy PC	97010	01/23/2017-01/25/2017	3	\$54.75
0431774421-03	D.S.	MSB Physical Therapy PC	97110	01/23/2017-01/25/2017	3	\$69.54
0431774421-03	D.S.	MSB Physical Therapy PC	97124	01/23/2017-01/25/2017	3	\$60.63
0431774421-03	D.S.	MSB Physical Therapy PC	97799	01/23/2017-01/25/2017	3	\$148.50

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0431774421-03	D.S.	MSB Physical Therapy PC	97799	02/21/2017-03/29/2017	11	\$544.50
0431774421-03	D.S.	MSB Physical Therapy PC	64550	02/21/2017-03/29/2017	11	\$806.19
0431774421-03	D.S.	MSB Physical Therapy PC	97010	02/21/2017-03/29/2017	11	\$200.75
0431774421-03	D.S.	MSB Physical Therapy PC	97110	02/21/2017-03/29/2017	11	\$254.98
0431774421-03	D.S.	MSB Physical Therapy PC	97124	02/21/2017-03/29/2017	11	\$222.31
0431774421-03	D.S.	MSB Physical Therapy PC	97164	03/30/2017	1	\$40.17
0431774421-03	D.S.	MSB Physical Therapy PC	64550	03/30/2017-04/12/2017	3	\$219.87
0431774421-03	D.S.	MSB Physical Therapy PC	97010	03/30/2017-04/12/2017	3	\$54.75
0431774421-03	D.S.	MSB Physical Therapy PC	97110	03/30/2017-04/12/2017	3	\$69.54
0431774421-03	D.S.	MSB Physical Therapy PC	97124	03/30/2017-04/12/2017	3	\$60.63
0431774421-03	D.S.	MSB Physical Therapy PC	97799	03/30/2017-04/12/2017	3	\$148.50
0431774421-03	D.S.	MSB Physical Therapy PC	64550	04/19/2017-05/01/2017	3	\$219.87
0431774421-03	D.S.	MSB Physical Therapy PC	97010	04/19/2017-05/01/2017	3	\$54.75
0431774421-03	D.S.	MSB Physical Therapy PC	97110	04/19/2017-05/01/2017	3	\$69.54
0431774421-03	D.S.	MSB Physical Therapy PC	97124	04/19/2017-05/01/2017	3	\$60.63
0431774421-03	D.S.	MSB Physical Therapy PC	97799	04/19/2017-05/01/2017	3	\$148.50
0431774421-04	M.J.	MSB Physical Therapy PC	97799	10/10/2016-11/08/2016	14	\$693.00
0431774421-04	M.J.	MSB Physical Therapy PC	97799	11/09/2016-12/06/2016	12	\$594.00
0431774421-04	M.J.	MSB Physical Therapy PC	64550	11/09/2016-12/06/2016	12	\$879.48
0431774421-04	M.J.	MSB Physical Therapy PC	64550	12/07/2016-12/29/2016	10	\$732.90
0431774421-04	M.J.	MSB Physical Therapy PC	97799	12/07/2016-12/29/2016	10	\$495.00
0431774421-04	M.J.	MSB Physical Therapy PC	97799	01/09/2017-01/11/2017	2	\$99.00
0431774421-04	M.J.	MSB Physical Therapy PC	97799	01/10/2017	1	\$49.50
0431774421-04	M.J.	MSB Physical Therapy PC	97799	01/03/2017-01/04/2017	2	\$99.00
0431774421-04	M.J.	MSB Physical Therapy PC	97799	01/19/2017-01/25/2017	4	\$198.00
0431774421-04	M.J.	MSB Physical Therapy PC	64550	01/17/2017	1	\$73.29
0431774421-04	M.J.	MSB Physical Therapy PC	97010	01/17/2017	1	\$18.25
0431774421-04	M.J.	MSB Physical Therapy PC	97110	01/17/2017	1	\$23.18
0431774421-04	M.J.	MSB Physical Therapy PC	97124	01/17/2017	1	\$20.21
0431774421-04	M.J.	MSB Physical Therapy PC	97799	01/17/2017	1	\$49.50

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0431774421-04	M.J.	MSB Physical Therapy PC	97010	01/19/2017-01/25/2017	4	\$73.00
0431774421-04	M.J.	MSB Physical Therapy PC	97110	01/19/2017-01/25/2017	4	\$92.72
0431774421-04	M.J.	MSB Physical Therapy PC	97124	01/19/2017-01/25/2017	4	\$80.84
0431774421-04	M.J.	MSB Physical Therapy PC	64550	01/19/2017-01/25/2017	4	\$293.16
0431774421-04	M.J.	MSB Physical Therapy PC	64550	01/31/2017-02/16/2017	7	\$513.03
0431774421-04	M.J.	MSB Physical Therapy PC	97010	01/31/2017-02/16/2017	7	\$127.75
0431774421-04	M.J.	MSB Physical Therapy PC	97110	01/31/2017-02/16/2017	7	\$162.26
0431774421-04	M.J.	MSB Physical Therapy PC	97124	01/31/2017-02/16/2017	7	\$141.47
0431774421-04	M.J.	MSB Physical Therapy PC	97799	01/31/2017-02/16/2017	7	\$346.50
0431774421-04	M.J.	MSB Physical Therapy PC	64550	02/21/2017-03/29/2017	12	\$879.48
0431774421-04	M.J.	MSB Physical Therapy PC	97010	02/21/2017-03/29/2017	12	\$219.00
0431774421-04	M.J.	MSB Physical Therapy PC	97110	02/21/2017-03/29/2017	12	\$278.16
0431774421-04	M.J.	MSB Physical Therapy PC	97124	02/21/2017-03/29/2017	12	\$242.52
0431774421-04	M.J.	MSB Physical Therapy PC	64550	04/05/2017	1	\$73.29
0431774421-04	M.J.	MSB Physical Therapy PC	97010	04/05/2017	1	\$18.25
0431774421-04	M.J.	MSB Physical Therapy PC	97110	04/05/2017	1	\$23.18
0431774421-04	M.J.	MSB Physical Therapy PC	97124	04/05/2017	1	\$20.21
0431774421-04	M.J.	MSB Physical Therapy PC	97799	04/05/2017	1	\$49.50
0431774421-04	M.J.	MSB Physical Therapy PC	64550	04/17/2017	1	\$73.29
0431774421-04	M.J.	MSB Physical Therapy PC	97010	04/17/2017	1	\$18.25
0431774421-04	M.J.	MSB Physical Therapy PC	97110	04/17/2017	1	\$23.18
0431774421-04	M.J.	MSB Physical Therapy PC	97124	04/17/2017	1	\$20.21
0431774421-04	M.J.	MSB Physical Therapy PC	97799	04/17/2017	1	\$49.50
0431774421-05	M.T.	MSB Physical Therapy PC	97799	10/10/2016-11/08/2016	14	\$693.00
0431774421-05	M.T.	MSB Physical Therapy PC	97799	11/09/2016-12/07/2016	13	\$643.50
0431774421-05	M.T.	MSB Physical Therapy PC	97799	12/12/2016-12/28/2016	8	\$396.00
0431774421-05	M.T.	MSB Physical Therapy PC	97799	01/09/2017-01/11/2017	2	\$99.00
0431774421-05	M.T.	MSB Physical Therapy PC	97799	01/10/2017	1	\$49.50
0431774421-05	M.T.	MSB Physical Therapy PC	97799	01/03/2017-01/04/2017	2	\$99.00
0431774421-05	M.T.	MSB Physical Therapy PC	64550	01/23/2017-01/25/2017	3	\$219.87

<p><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p>Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0431774421-05	M.T.	MSB Physical Therapy PC	97799	01/23/2017-01/25/2017	3	\$148.50
0431774421-05	M.T.	MSB Physical Therapy PC	64550	01/31/2017-02/21/2017	9	\$659.61
0431774421-05	M.T.	MSB Physical Therapy PC	97799	01/31/2017-02/21/2017	9	\$445.50
0431774421-05	M.T.	MSB Physical Therapy PC	64550	02/27/2017-03/27/2017	7	\$513.03
0431774421-05	M.T.	MSB Physical Therapy PC	97799	02/27/2017-03/27/2017	7	\$346.50
0431774421-05	M.T.	MSB Physical Therapy PC	64550	04/03/2017	1	\$73.29
0431774421-05	M.T.	MSB Physical Therapy PC	97799	04/03/2017	1	\$49.50
0434546750-02	S.B.	MSB Physical Therapy PC	64550	10/27/2016-11/07/2016	6	\$439.74
0434546750-02	S.B.	MSB Physical Therapy PC	64550	11/09/2016-11/10/2016	2	\$146.58
0434546750-02	S.B.	MSB Physical Therapy PC	64550	12/06/2016-12/08/2016	3	\$219.87
0434546750-11	E.I.	MSB Physical Therapy PC	64550	10/27/2016-11/07/2016	5	\$366.45
0434546750-11	E.I.	MSB Physical Therapy PC	97799	11/09/2016-12/06/2016	11	\$544.50
0434546750-11	E.I.	MSB Physical Therapy PC	64550	12/08/2016-12/29/2016	6	\$439.74
0434546750-11	E.I.	MSB Physical Therapy PC	64550	01/13/2017	1	\$73.29
0434546750-11	E.I.	MSB Physical Therapy PC	64550	01/05/2017-01/06/2017	2	\$146.58
0434546750-11	E.I.	MSB Physical Therapy PC	64550	01/19/2017-01/27/2017	3	\$219.87
0434546750-11	E.I.	MSB Physical Therapy PC	64550	02/06/2017	1	\$73.29
0436499486-02	S.M.	MSB Physical Therapy PC	64550	11/23/2016-12/02/2016	5	\$366.45
0436499486-02	S.M.	MSB Physical Therapy PC	97799	11/23/2016-12/02/2016	5	\$247.50
0436499486-02	S.M.	MSB Physical Therapy PC	64550	12/07/2016-12/15/2016	3	\$219.87
0436499486-02	S.M.	MSB Physical Therapy PC	97799	12/07/2016-12/15/2016	3	\$148.50
0436499486-02	S.M.	MSB Physical Therapy PC	64550	01/11/2017	1	\$73.29
0436499486-02	S.M.	MSB Physical Therapy PC	97799	01/11/2017	1	\$49.50
0436499486-02	S.M.	MSB Physical Therapy PC	64550	01/03/2017-01/04/2017	2	\$146.58
0436499486-02	S.M.	MSB Physical Therapy PC	97799	01/03/2017-01/04/2017	2	\$99.00
0436499486-02	S.M.	MSB Physical Therapy PC	64550	01/17/2017-01/20/2017	3	\$219.87
0436499486-02	S.M.	MSB Physical Therapy PC	97799	01/17/2017-01/20/2017	3	\$148.50
0436499486-02	S.M.	MSB Physical Therapy PC	64550	01/24/2017-01/27/2017	2	\$146.58
0436499486-02	S.M.	MSB Physical Therapy PC	97799	01/24/2017-01/27/2017	2	\$99.00
0436499486-02	S.M.	MSB Physical Therapy PC	97164	02/01/2017	1	\$40.17

<p style="text-align: center;"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p style="text-align: center;">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0436499486-02	S.M.	MSB Physical Therapy PC	97799	02/01/2017-02/08/2017	3	\$148.50
0436499486-02	S.M.	MSB Physical Therapy PC	64550	02/01/2017-02/08/2017	3	\$219.87
0436499486-02	S.M.	MSB Physical Therapy PC	97010	02/01/2017-02/08/2017	3	\$54.75
0436499486-02	S.M.	MSB Physical Therapy PC	97110	02/01/2017-02/08/2017	3	\$69.54
0436499486-02	S.M.	MSB Physical Therapy PC	97124	02/01/2017-02/08/2017	3	\$60.63
0436499486-02	S.M.	MSB Physical Therapy PC	64550	02/23/2017-03/23/2017	8	\$586.32
0436499486-02	S.M.	MSB Physical Therapy PC	97010	02/23/2017-03/23/2017	8	\$146.00
0436499486-02	S.M.	MSB Physical Therapy PC	97110	02/23/2017-03/23/2017	8	\$185.44
0436499486-02	S.M.	MSB Physical Therapy PC	97124	02/23/2017-03/23/2017	8	\$161.68
0436499486-02	S.M.	MSB Physical Therapy PC	97799	02/23/2017-03/23/2017	8	\$396.00
0436499486-02	S.M.	MSB Physical Therapy PC	97164	03/23/2017	1	\$40.17
0436499486-02	S.M.	MSB Physical Therapy PC	95831	03/29/2017	1	\$218.00
0436499486-02	S.M.	MSB Physical Therapy PC	95833	03/29/2017	1	\$114.32
0436499486-02	S.M.	MSB Physical Therapy PC	95851	03/29/2017	1	\$137.13
0436499486-02	S.M.	MSB Physical Therapy PC	64550	03/29/2017-04/14/2017	7	\$513.03
0436499486-02	S.M.	MSB Physical Therapy PC	97010	03/29/2017-04/14/2017	7	\$127.75
0436499486-02	S.M.	MSB Physical Therapy PC	97110	03/29/2017-04/14/2017	7	\$162.26
0436499486-02	S.M.	MSB Physical Therapy PC	97124	03/29/2017-04/14/2017	7	\$141.47
0436499486-02	S.M.	MSB Physical Therapy PC	97799	03/29/2017-04/14/2017	7	\$346.50
0446478414-02	B.M.	MSB Physical Therapy PC	95831	02/17/2017	1	\$305.20
0446478414-02	B.M.	MSB Physical Therapy PC	95833	02/17/2017	1	\$114.32
0446478414-02	B.M.	MSB Physical Therapy PC	95851	02/17/2017	1	\$182.84
0446478414-02	B.M.	MSB Physical Therapy PC	64550	02/16/2017-03/22/2017	8	\$586.32
0446478414-02	B.M.	MSB Physical Therapy PC	97799	02/16/2017-03/22/2017	8	\$396.00
0446478414-02	B.M.	MSB Physical Therapy PC	64550	03/27/2017	1	\$73.29
0446478414-02	B.M.	MSB Physical Therapy PC	97799	03/27/2017	1	\$49.50
0446478414-02	B.M.	MSB Physical Therapy PC	95831	03/20/2017	1	\$305.20
0446478414-02	B.M.	MSB Physical Therapy PC	95833	03/20/2017	1	\$114.32
0446478414-02	B.M.	MSB Physical Therapy PC	95851	03/20/2017	1	\$182.84
0446478414-02	B.M.	MSB Physical Therapy PC	64550	03/28/2017-04/17/2017	9	\$659.61

<p style="text-align: center;"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p style="text-align: center;">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0446478414-02	B.M.	MSB Physical Therapy PC	97799	03/28/2017-04/17/2017	9	\$445.50
0446478414-02	B.M.	MSB Physical Therapy PC	95831	04/10/2017	1	\$305.20
0446478414-02	B.M.	MSB Physical Therapy PC	95833	04/10/2017	1	\$114.32
0446478414-02	B.M.	MSB Physical Therapy PC	95851	04/10/2017	1	\$228.55
0446478414-02	B.M.	MSB Physical Therapy PC	64550	04/18/2017-05/08/2017	9	\$659.61
0446478414-02	B.M.	MSB Physical Therapy PC	97799	04/18/2017-05/08/2017	9	\$445.50
0446478414-02	B.M.	MSB Physical Therapy PC	64550	05/17/2017	1	\$73.29
0446478414-02	B.M.	MSB Physical Therapy PC	97799	05/17/2017	1	\$49.50
0595435132-01	K.F.	MSB Physical Therapy PC	97161	08/17/2020	1	\$99.24
0597828532-02	A.P.	MSB Physical Therapy PC	64550	08/20/2020-09/17/2020	14	\$1,026.06
0597828532-02	A.P.	MSB Physical Therapy PC	97161	08/18/2020	1	\$99.24
0597828532-02	A.P.	MSB Physical Therapy PC	97010	08/20/2020-09/17/2020	14	\$108.10
0597828532-02	A.P.	MSB Physical Therapy PC	64550	09/23/2020-10/09/2020	6	\$439.74
0597828532-02	A.P.	MSB Physical Therapy PC	97799	09/23/2020-10/09/2020	6	\$297.00
0597828532-02	A.P.	MSB Physical Therapy PC	64550	10/13/2020-10/16/2020	3	\$219.87
0597828532-02	A.P.	MSB Physical Therapy PC	97799	10/13/2020-10/16/2020	3	\$148.50
0597828532-02	A.P.	MSB Physical Therapy PC	64550	10/21/2020	1	\$73.29
0597828532-02	A.P.	MSB Physical Therapy PC	97799	10/21/2020	1	\$49.50
0597828532-02	A.P.	MSB Physical Therapy PC	64550	10/27/2020-10/30/2020	2	\$146.58
0597828532-02	A.P.	MSB Physical Therapy PC	97010	10/27/2020-10/30/2020	2	\$11.52
0597828532-02	A.P.	MSB Physical Therapy PC	97110	10/27/2020-10/30/2020	2	\$83.20
0597828532-02	A.P.	MSB Physical Therapy PC	97124	10/27/2020-10/30/2020	2	\$54.92
0597828532-02	A.P.	MSB Physical Therapy PC	97799	10/27/2020-10/30/2020	2	\$99.00
0597828532-02	A.P.	MSB Physical Therapy PC	64550	11/03/2020-11/06/2020	3	\$219.87
0597828532-02	A.P.	MSB Physical Therapy PC	97010	11/03/2020-11/06/2020	3	\$17.28
0597828532-02	A.P.	MSB Physical Therapy PC	97110	11/03/2020-11/06/2020	3	\$124.80
0597828532-02	A.P.	MSB Physical Therapy PC	97124	11/03/2020-11/06/2020	3	\$82.38
0597828532-02	A.P.	MSB Physical Therapy PC	97799	11/03/2020-11/06/2020	3	\$148.50
0597828532-02	A.P.	MSB Physical Therapy PC	64550	11/09/2020-11/17/2020	3	\$219.87
0597828532-02	A.P.	MSB Physical Therapy PC	97010	11/09/2020-11/17/2020	3	\$17.28

<p><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p>Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0597828532-02	A.P.	MSB Physical Therapy PC	97110	11/09/2020-11/17/2020	3	\$124.80
0597828532-02	A.P.	MSB Physical Therapy PC	97124	11/09/2020-11/17/2020	3	\$82.38
0597828532-02	A.P.	MSB Physical Therapy PC	97799	11/09/2020-11/17/2020	3	\$148.50
0597828532-02	A.P.	MSB Physical Therapy PC	64550	11/24/2020	1	\$73.29
0597828532-02	A.P.	MSB Physical Therapy PC	97010	11/24/2020	1	\$5.76
0597828532-02	A.P.	MSB Physical Therapy PC	97110	11/24/2020	1	\$41.60
0597828532-02	A.P.	MSB Physical Therapy PC	97124	11/24/2020	1	\$27.46
0597828532-02	A.P.	MSB Physical Therapy PC	97799	11/24/2020	1	\$49.50
0344451562-01	M.J.	PFJ Medical Care PC	20999	08/02/2016	2	\$1,400.00
0344451562-01	M.J.	PFJ Medical Care PC	99244	08/02/2016	1	\$236.94
0344451562-01	M.J.	PFJ Medical Care PC	20999	09/27/2016	2	\$1,400.00
0344451562-01	M.J.	PFJ Medical Care PC	99214	09/27/2016	1	\$148.69
0371795286-01	M.R.	PFJ Medical Care PC	20553	07/07/2016	1	\$119.10
0371795286-01	M.R.	PFJ Medical Care PC	20999	07/07/2016	2	\$1,400.00
0371795286-01	M.R.	PFJ Medical Care PC	99215	07/07/2016	1	\$148.69
0371795286-01	M.R.	PFJ Medical Care PC	20553	07/27/2016	1	\$119.10
0371795286-01	M.R.	PFJ Medical Care PC	99215	07/27/2016	1	\$148.69
0371795286-01	M.R.	PFJ Medical Care PC	20999	07/27/2016	2	\$1,550.00
0371795286-01	M.R.	PFJ Medical Care PC	20553	08/18/2016	1	\$119.10
0371795286-01	M.R.	PFJ Medical Care PC	20999	08/18/2016	2	\$1,550.00
0371795286-01	M.R.	PFJ Medical Care PC	99215	08/18/2016	1	\$148.69
0371795286-01	M.R.	PFJ Medical Care PC	20999	08/25/2016	2	\$1,550.00
0371795286-01	M.R.	PFJ Medical Care PC	99215	08/25/2016	1	\$148.69
0371795286-01	M.R.	PFJ Medical Care PC	20553	09/07/2016	1	\$119.10
0371795286-01	M.R.	PFJ Medical Care PC	20999	09/07/2016	2	\$1,225.00
0371795286-01	M.R.	PFJ Medical Care PC	99215	09/07/2016	1	\$148.69
0371795286-01	M.R.	PFJ Medical Care PC	20999	09/21/2016	2	\$1,625.00
0371795286-01	M.R.	PFJ Medical Care PC	20553	09/21/2016	1	\$119.10
0371795286-01	M.R.	PFJ Medical Care PC	99215	09/21/2016	1	\$148.69
0391537313-01	J.C.	PFJ Medical Care PC	99244	05/19/2016	1	\$236.94

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0393526215-02	J.P.	PFJ Medical Care PC	20553	06/15/2016	1	\$119.10
0393526215-02	J.P.	PFJ Medical Care PC	20999	06/15/2016	2	\$1,225.00
0393526215-02	J.P.	PFJ Medical Care PC	99244	06/15/2016	1	\$236.94
0397364209-01	R.R.	PFJ Medical Care PC	99215	05/25/2016	1	\$148.69
0400879102-01	L.C.	PFJ Medical Care PC	20553	06/01/2016	1	\$119.10
0400879102-01	L.C.	PFJ Medical Care PC	20999	06/01/2016	2	\$1,400.00
0400879102-01	L.C.	PFJ Medical Care PC	99244	06/01/2016	1	\$236.94
0400879102-01	L.C.	PFJ Medical Care PC	20553	07/20/2016	1	\$119.10
0400879102-01	L.C.	PFJ Medical Care PC	20999	07/20/2016	2	\$1,225.00
0400879102-01	L.C.	PFJ Medical Care PC	99215	07/20/2016	1	\$148.69
0405231143-01	C.A.	PFJ Medical Care PC	20999	09/16/2016	2	\$1,300.00
0405235540-01	K.W.	PFJ Medical Care PC	99215	05/12/2016	1	\$148.69
0405632076-03	H.R.	PFJ Medical Care PC	20999	08/05/2016	2	\$1,400.00
0408989390-03	A.H.	PFJ Medical Care PC	20999	08/12/2016	2	\$1,400.00
0408989390-03	A.H.	PFJ Medical Care PC	20999	08/26/2016	2	\$1,525.00
0408989390-03	A.H.	PFJ Medical Care PC	99215	08/26/2016	1	\$148.69
0411304496-01	I.L.	PFJ Medical Care PC	97799	06/03/2016-06/09/2016	3	\$148.50
0411304496-01	I.L.	PFJ Medical Care PC	97799	07/01/2016-07/14/2016	5	\$247.50
0411304496-01	I.L.	PFJ Medical Care PC	64550	07/21/2016-08/05/2016	6	\$439.74
0411304496-01	I.L.	PFJ Medical Care PC	97799	07/21/2016-08/05/2016	6	\$297.00
0411304496-01	I.L.	PFJ Medical Care PC	97799	09/07/2016-09/08/2016	2	\$99.00
0411304496-01	I.L.	PFJ Medical Care PC	64550	09/07/2016-09/08/2016	2	\$146.58
0411304496-02	J.L.	PFJ Medical Care PC	97799	06/10/2016-06/22/2016	4	\$198.00
0411304496-02	J.L.	PFJ Medical Care PC	95831	06/10/2016	1	\$305.20
0411304496-02	J.L.	PFJ Medical Care PC	95833	06/10/2016	1	\$114.32
0411304496-02	J.L.	PFJ Medical Care PC	95851	06/10/2016	1	\$182.84
0411304496-02	J.L.	PFJ Medical Care PC	97799	07/01/2016-07/14/2016	4	\$198.00
0411304496-02	J.L.	PFJ Medical Care PC	64550	07/01/2016-07/14/2016	4	\$293.20
0411304496-02	J.L.	PFJ Medical Care PC	64550	07/21/2016-08/05/2016	6	\$439.74
0411304496-02	J.L.	PFJ Medical Care PC	97799	07/21/2016-08/05/2016	6	\$297.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0411304496-02	J.L.	PFJ Medical Care PC	64550	09/07/2016-09/08/2016	2	\$146.58
0411304496-02	J.L.	PFJ Medical Care PC	97799	09/07/2016-09/08/2016	2	\$99.00
0411304496-02	J.L.	PFJ Medical Care PC	95831	09/07/2016	1	\$261.60
0411304496-02	J.L.	PFJ Medical Care PC	95833	09/07/2016	1	\$114.32
0411304496-02	J.L.	PFJ Medical Care PC	95851	09/07/2016	1	\$182.84
0413937953-02	B.W.	PFJ Medical Care PC	20553	08/01/2016	1	\$119.10
0413937953-02	B.W.	PFJ Medical Care PC	20999	08/01/2016	2	\$1,400.00
0413937953-02	B.W.	PFJ Medical Care PC	99244	08/01/2016	1	\$236.94
0415767268-02	Y.E.	PFJ Medical Care PC	20999	08/09/2016	2	\$1,225.00
0417465200-01	D.G.	PFJ Medical Care PC	20999	06/22/2016	2	\$1,400.00
0417465200-05	D.R.	PFJ Medical Care PC	20999	06/22/2016	2	\$1,400.00
0418830014-04	S.C.	PFJ Medical Care PC	20999	08/01/2016	2	\$1,400.00
0419958235-01	H.T.	PFJ Medical Care PC	20999	07/27/2016	2	\$1,400.00
0419958235-01	H.T.	PFJ Medical Care PC	20999	09/21/2016	2	\$1,625.00
0419958235-01	H.T.	PFJ Medical Care PC	99215	09/21/2016	1	\$148.69
0420467748-02	L.H.	PFJ Medical Care PC	20999	08/30/2016	2	\$1,400.00
0422002691-01	R.B.	PFJ Medical Care PC	20999	07/27/2016	2	\$1,400.00
0422002691-01	R.B.	PFJ Medical Care PC	20999	08/10/2016	2	\$1,225.00
0422002691-01	R.B.	PFJ Medical Care PC	99215	08/10/2016	1	\$148.69
0422068007-01	S.J.	PFJ Medical Care PC	20999	08/31/2016	2	\$1,225.00
0422068007-01	S.J.	PFJ Medical Care PC	20999	09/14/2016	2	\$1,525.00
0422068007-01	S.J.	PFJ Medical Care PC	99215	09/14/2016	1	\$148.69
0422413260-02	N.R.	PFJ Medical Care PC	20553	08/23/2016	1	\$119.10
0422413260-02	N.R.	PFJ Medical Care PC	20999	08/23/2016	2	\$1,225.00
0422413260-02	N.R.	PFJ Medical Care PC	99215	08/23/2016	1	\$148.69
0422413260-02	N.R.	PFJ Medical Care PC	20553	08/02/2016	1	\$119.10
0422413260-02	N.R.	PFJ Medical Care PC	20999	08/02/2016	2	\$1,400.00
0422413260-02	N.R.	PFJ Medical Care PC	99244	08/02/2016	1	\$236.94
0423921162-08	K.Z.	PFJ Medical Care PC	20999	08/24/2016	2	\$1,225.00
0423921162-08	K.Z.	PFJ Medical Care PC	20999	08/31/2016	2	\$1,225.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0423921162-08	K.Z.	PFJ Medical Care PC	99215	08/31/2016	1	\$148.69
0423921162-09	F.C.	PFJ Medical Care PC	20553	08/31/2016	1	\$119.10
0423921162-09	F.C.	PFJ Medical Care PC	20999	08/31/2016	2	\$1,225.00
0423921162-09	F.C.	PFJ Medical Care PC	99244	08/31/2016	1	\$236.94
0425541539-01	E.S.	PFJ Medical Care PC	20999	09/09/2016	2	\$1,525.00
0425541539-02	I.S.	PFJ Medical Care PC	20999	09/02/2016	2	\$1,625.00
0427219795-03	J.B.	PFJ Medical Care PC	20553	09/13/2016	1	\$119.10
0427219795-03	J.B.	PFJ Medical Care PC	20999	09/13/2016	2	\$896.00
0427219795-03	J.B.	PFJ Medical Care PC	20553	09/20/2016	1	\$119.10
0427219795-03	J.B.	PFJ Medical Care PC	20999	09/20/2016	2	\$1,525.00
0374553048-02	E.F.	RA Medical Services PC	99215	11/16/2015	1	\$148.69
0375170644-04	L.A.	RA Medical Services PC	99244	11/11/2015	1	\$236.94
0376459327-01	R.G.	RA Medical Services PC	20553	01/13/2016	1	\$119.10
0376459327-01	R.G.	RA Medical Services PC	20999	01/13/2016	2	\$3,225.00
0376459327-01	R.G.	RA Medical Services PC	76942	01/13/2016	1	\$262.91
0376459327-01	R.G.	RA Medical Services PC	99244	01/13/2016	1	\$236.94
0377476239-01	L.C.	RA Medical Services PC	20553	11/11/2015	1	\$119.10
0377476239-01	L.C.	RA Medical Services PC	20999	11/11/2015	2	\$2,875.00
0377476239-01	L.C.	RA Medical Services PC	76942	11/11/2015	1	\$262.91
0377476239-01	L.C.	RA Medical Services PC	99215	11/11/2015	1	\$148.69
0377476239-01	L.C.	RA Medical Services PC	99215	11/18/2015	1	\$148.69
0388249740-02	M.B.	RA Medical Services PC	20553	11/10/2015	1	\$119.10
0388249740-02	M.B.	RA Medical Services PC	20999	11/10/2015	2	\$3,050.00
0388249740-02	M.B.	RA Medical Services PC	76942	11/10/2015	1	\$262.91
0390737807-02	S.P.	RA Medical Services PC	20553	02/01/2016	1	\$119.10
0390737807-02	S.P.	RA Medical Services PC	20999	02/01/2016	2	\$3,175.00
0390737807-02	S.P.	RA Medical Services PC	76942	02/01/2016	1	\$262.91
0391445368-01	B.C.	RA Medical Services PC	20553	01/20/2016	1	\$119.10
0391445368-01	B.C.	RA Medical Services PC	20999	01/20/2016	2	\$3,200.00
0391445368-01	B.C.	RA Medical Services PC	76942	01/20/2016	1	\$262.91

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0391537313-01	J.C.	RA Medical Services PC	20553	12/09/2015	1	\$119.10
0391537313-01	J.C.	RA Medical Services PC	20999	12/09/2015	2	\$1,550.00
0391537313-01	J.C.	RA Medical Services PC	76942	12/09/2015	1	\$262.91
0391674355-01	A.F.	RA Medical Services PC	20553	12/01/2015	1	\$119.10
0391674355-01	A.F.	RA Medical Services PC	20999	12/01/2015	2	\$3,175.00
0391674355-01	A.F.	RA Medical Services PC	76942	12/01/2015	1	\$262.91
0391674355-01	A.F.	RA Medical Services PC	20553	12/21/2015	1	\$119.10
0391674355-01	A.F.	RA Medical Services PC	20999	12/21/2015	2	\$3,225.00
0391674355-01	A.F.	RA Medical Services PC	76942	12/21/2015	1	\$262.91
0391674355-01	A.F.	RA Medical Services PC	20553	02/09/2016	1	\$119.10
0391674355-01	A.F.	RA Medical Services PC	20999	02/09/2016	2	\$2,850.00
0391674355-01	A.F.	RA Medical Services PC	76942	02/09/2016	1	\$262.91
0391674355-01	A.F.	RA Medical Services PC	99215	02/09/2016	1	\$148.69
0394803431-02	A.D.	RA Medical Services PC	20553	02/02/2016	1	\$119.10
0394803431-02	A.D.	RA Medical Services PC	20999	02/02/2016	2	\$3,200.00
0394803431-02	A.D.	RA Medical Services PC	76942	02/02/2016	1	\$262.91
0394803431-02	A.D.	RA Medical Services PC	20553	02/09/2016	1	\$119.10
0394803431-02	A.D.	RA Medical Services PC	20999	02/09/2016	2	\$3,200.00
0394803431-02	A.D.	RA Medical Services PC	76942	02/09/2016	1	\$262.91
0397246497-01	S.M.	RA Medical Services PC	20553	01/05/2016	1	\$119.10
0397246497-01	S.M.	RA Medical Services PC	20999	01/05/2016	2	\$3,200.00
0397246497-01	S.M.	RA Medical Services PC	76942	01/05/2016	1	\$262.91
0397246497-01	S.M.	RA Medical Services PC	20553	12/15/2015	1	\$119.10
0397246497-01	S.M.	RA Medical Services PC	20999	12/15/2015	2	\$1,675.00
0397246497-01	S.M.	RA Medical Services PC	76942	12/15/2015	1	\$262.91
0397246497-01	S.M.	RA Medical Services PC	20553	01/05/2016	1	\$119.10
0397246497-01	S.M.	RA Medical Services PC	20999	01/05/2016	2	\$3,200.00
0397246497-01	S.M.	RA Medical Services PC	76942	01/05/2016	1	\$262.91
0397246497-01	S.M.	RA Medical Services PC	99215	01/05/2016	1	\$148.69
0397246497-01	S.M.	RA Medical Services PC	20553	01/19/2016	1	\$119.10

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0397246497-01	S.M.	RA Medical Services PC	20999	01/19/2016	2	\$3,375.00
0397246497-01	S.M.	RA Medical Services PC	76942	01/19/2016	1	\$262.91
0398385996-02	F.P.	RA Medical Services PC	20553	01/15/2016	1	\$119.10
0398385996-02	F.P.	RA Medical Services PC	20999	01/15/2016	2	\$1,675.00
0398385996-02	F.P.	RA Medical Services PC	76942	01/15/2016	1	\$262.91
0398385996-02	F.P.	RA Medical Services PC	99244	01/15/2016	1	\$236.94
0405235540-01	K.W.	RA Medical Services PC	20553	03/23/2016	1	\$119.10
0405235540-01	K.W.	RA Medical Services PC	20999	03/23/2016	2	\$3,200.00
0405235540-01	K.W.	RA Medical Services PC	76942	03/23/2016	1	\$262.91
0407146448-02	M.J.	RA Medical Services PC	20553	03/24/2016	1	\$119.10
0407146448-02	M.J.	RA Medical Services PC	20999	03/24/2016	2	\$3,200.00
0407146448-02	M.J.	RA Medical Services PC	76942	03/24/2016	1	\$262.91
0407146448-02	M.J.	RA Medical Services PC	20553	04/13/2016	1	\$119.10
0407146448-02	M.J.	RA Medical Services PC	20999	04/13/2016	2	\$3,200.00
0407146448-02	M.J.	RA Medical Services PC	76942	04/13/2016	1	\$262.91
0413937953-02	B.W.	RA Medical Services PC	20999	06/27/2016	2	\$3,200.00
0413937953-02	B.W.	RA Medical Services PC	76942	06/27/2016	1	\$262.91
0413937953-02	B.W.	RA Medical Services PC	99244	06/27/2016	1	\$236.94
0416039170-02	S.P.	RA Medical Services PC	20553	06/10/2016	1	\$119.10
0416039170-02	S.P.	RA Medical Services PC	20999	06/10/2016	2	\$5,325.00
0416039170-02	S.P.	RA Medical Services PC	76942	06/10/2016	1	\$262.91
0456035401-01	K.M.	Strategic Medical Initiatives PC	20999	11/28/2018	2	\$1,400.00
0487492894-01	G.T.	Strategic Medical Initiatives PC	99215	10/24/2018	1	\$148.69
0487492894-01	G.T.	Strategic Medical Initiatives PC	20999	10/24/2018	2	\$1,225.00
0487492894-01	G.T.	Strategic Medical Initiatives PC	20999	11/05/2018	2	\$1,225.00
0487492894-01	G.T.	Strategic Medical Initiatives PC	99215	11/05/2018	1	\$148.69
0487492894-01	G.T.	Strategic Medical Initiatives PC	99215	11/19/2018	1	\$148.69
0487492894-01	G.T.	Strategic Medical Initiatives PC	20999	11/19/2018	2	\$1,200.00
0489630029-01	K.R.	Strategic Medical Initiatives PC	20999	07/02/2018	2	\$1,400.00
0489630029-01	K.R.	Strategic Medical Initiatives PC	99215	07/02/2018	1	\$148.69

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0491933347-01	J.S.	Strategic Medical Initiatives PC	99244	11/16/2018	1	\$236.94
0491933347-01	J.S.	Strategic Medical Initiatives PC	20999	11/16/2018	2	\$1,225.00
0496894239-01	J.M.	Strategic Medical Initiatives PC	20999	06/13/2018	2	\$1,000.00
0498092550-03	S.P.	Strategic Medical Initiatives PC	20999	08/03/2018	2	\$1,400.00
0502492929-02	S.M.	Strategic Medical Initiatives PC	20999	07/27/2018	2	\$1,375.00
0503008724-02	H.M.	Strategic Medical Initiatives PC	99215	10/24/2018	1	\$148.69
0503008724-02	H.M.	Strategic Medical Initiatives PC	20999	11/05/2018	2	\$1,225.00
0503008724-02	H.M.	Strategic Medical Initiatives PC	99215	11/05/2018	1	\$148.69
0504358952-01	S.S.	Strategic Medical Initiatives PC	20999	07/25/2018	2	\$1,400.00
0504358952-01	S.S.	Strategic Medical Initiatives PC	20999	09/19/2018	2	\$1,400.00
0504975699-02	A.C.	Strategic Medical Initiatives PC	20999	11/29/2018	2	\$1,200.00
0504975699-02	A.C.	Strategic Medical Initiatives PC	99215	11/29/2018	1	\$148.69
0507748499-05	S.G.	Strategic Medical Initiatives PC	20999	09/17/2018	2	\$1,225.00
0508843752-02	J.T.	Strategic Medical Initiatives PC	99244	11/08/2018	1	\$236.94
0508843752-02	J.T.	Strategic Medical Initiatives PC	20999	11/08/2018	2	\$1,225.00
0509431607-05	D.L.	Strategic Medical Initiatives PC	99244	08/02/2018	1	\$236.94
0509431607-05	D.L.	Strategic Medical Initiatives PC	20999	10/25/2018	2	\$2,250.00
0509431607-05	D.L.	Strategic Medical Initiatives PC	99214	10/25/2018	1	\$148.69
0509792304-01	J.F.	Strategic Medical Initiatives PC	20999	11/02/2018	2	\$1,400.00
0509792304-04	F.F.	Strategic Medical Initiatives PC	20999	11/02/2018	2	\$1,375.00
0509812128-02	C.P.	Strategic Medical Initiatives PC	20999	07/25/2018	2	\$1,375.00
0510244577-02	O.M.	Strategic Medical Initiatives PC	99215	09/24/2018	1	\$148.69
0510244577-02	O.M.	Strategic Medical Initiatives PC	20999	09/24/2018	2	\$1,050.00
0510244577-04	S.B.	Strategic Medical Initiatives PC	99244	07/23/2018	1	\$236.94
0510244577-04	S.B.	Strategic Medical Initiatives PC	20999	07/23/2018	2	\$1,125.00
0512214957-01	R.D.	Strategic Medical Initiatives PC	20999	10/22/2018	2	\$1,950.00
0512214957-01	R.D.	Strategic Medical Initiatives PC	20999	11/14/2018	2	\$1,950.00
0512283086-02	M.M.	Strategic Medical Initiatives PC	20999	09/19/2018	2	\$1,225.00
0512801705-01	G.M.	Strategic Medical Initiatives PC	20999	09/26/2018	2	\$1,400.00
0512801705-01	G.M.	Strategic Medical Initiatives PC	20999	11/01/2018	2	\$1,400.00

<p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0512801705-01	G.M.	Strategic Medical Initiatives PC	99215	11/01/2018	1	\$148.69
0512803891-02	G.C.	Strategic Medical Initiatives PC	20999	09/19/2018	2	\$1,400.00
0513295435-01	D.B.	Strategic Medical Initiatives PC	20553	09/19/2018	1	\$119.10
0513295435-01	D.B.	Strategic Medical Initiatives PC	20999	09/19/2018	2	\$1,225.00
0513295435-01	D.B.	Strategic Medical Initiatives PC	20999	11/08/2018	2	\$1,225.00
0513295435-01	D.B.	Strategic Medical Initiatives PC	20999	10/29/2018-11/29/2018	5	\$1,400.00
0513989285-02	O.M.	Strategic Medical Initiatives PC	99244	10/02/2018	1	\$236.94
0513989285-02	O.M.	Strategic Medical Initiatives PC	20999	10/16/2018	2	\$2,150.00
0513989285-02	O.M.	Strategic Medical Initiatives PC	99215	10/16/2018	1	\$148.69
0513989285-02	O.M.	Strategic Medical Initiatives PC	20999	10/02/2018	2	\$1,750.00
0514687375-01	A.A.	Strategic Medical Initiatives PC	20999	11/09/2018	2	\$1,375.00
0514795409-02	J.J.	Strategic Medical Initiatives PC	20999	11/08/2018	2	\$1,400.00
0514795409-02	J.J.	Strategic Medical Initiatives PC	99215	11/08/2018	1	\$148.69
0514795409-04	W.A.	Strategic Medical Initiatives PC	20999	11/13/2018	2	\$1,050.00
0516050432-01	G.N.	Strategic Medical Initiatives PC	20999	10/18/2018	2	\$1,225.00
0516050432-01	G.N.	Strategic Medical Initiatives PC	20999	10/25/2018	2	\$1,225.00
0517411401-01	M.J.	Strategic Medical Initiatives PC	20999	10/31/2018	2	\$1,400.00
0517411401-01	M.J.	Strategic Medical Initiatives PC	99215	10/31/2018	1	\$148.69
0517763009-02	K.M.	Strategic Medical Initiatives PC	20999	10/04/2018	2	\$1,575.00
0517763009-02	K.M.	Strategic Medical Initiatives PC	20999	10/23/2018	2	\$1,150.00
0517763009-02	K.M.	Strategic Medical Initiatives PC	20999	10/30/2018	2	\$975.00
0517763009-02	K.M.	Strategic Medical Initiatives PC	99215	10/30/2018	1	\$148.69
0517877940-01	D.G.	Strategic Medical Initiatives PC	20999	10/16/2018	2	\$1,750.00
0517877940-01	D.G.	Strategic Medical Initiatives PC	20999	10/09/2018	2	\$975.00
0517877940-01	D.G.	Strategic Medical Initiatives PC	99244	10/09/2018	1	\$236.94
0517877940-01	D.G.	Strategic Medical Initiatives PC	20999	10/23/2018	2	\$1,950.00
0517877940-01	D.G.	Strategic Medical Initiatives PC	20999	10/30/2018	2	\$1,500.00
0517877940-01	D.G.	Strategic Medical Initiatives PC	99215	10/30/2018	1	\$148.69
0517877940-01	D.G.	Strategic Medical Initiatives PC	20999	11/27/2018	2	\$1,950.00
0518042239-02	G.R.	Strategic Medical Initiatives PC	20999	10/25/2018	2	\$1,400.00

<p><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p>Representative Sample of Unpaid No-fault Claims that Form the Basis of Plaintiffs' Request for Declaratory Relief</p>						
Claim No.	Claimant Initials	Provider	Billing Code Used	Dates of Service	# of Units	Amount Pending
0518042239-02	G.R.	Strategic Medical Initiatives PC	20999	10/11/2018	2	\$1,400.00
0518042239-02	G.R.	Strategic Medical Initiatives PC	20999	10/18/2018	2	\$1,400.00
0518042239-02	G.R.	Strategic Medical Initiatives PC	20999	11/01/2018	2	\$1,400.00
0518042239-02	G.R.	Strategic Medical Initiatives PC	20999	11/15/2018	2	\$1,400.00
0518042239-04	M.W.	Strategic Medical Initiatives PC	20999	10/25/2018	2	\$1,225.00
0518042239-04	M.W.	Strategic Medical Initiatives PC	20999	10/18/2018	2	\$1,400.00
0518042239-04	M.W.	Strategic Medical Initiatives PC	20999	10/11/2018	2	\$1,225.00
0518042239-04	M.W.	Strategic Medical Initiatives PC	20999	11/01/2018	2	\$1,400.00
0518111661-01	J.A.	Strategic Medical Initiatives PC	20999	11/16/2018	2	\$1,950.00
0518111661-02	D.M.	Strategic Medical Initiatives PC	20999	11/16/2018	2	\$1,750.00
0520607029-02	J.H.	Strategic Medical Initiatives PC	20999	11/23/2018	2	\$1,400.00
0521584268-01	L.A.	Strategic Medical Initiatives PC	20999	10/31/2018	2	\$1,400.00
0522482363-05	J.E.	Strategic Medical Initiatives PC	20999	10/17/2018	2	\$1,400.00
0522482363-05	J.E.	Strategic Medical Initiatives PC	20999	10/31/2018	2	\$1,200.00
0523616068-12	J.F.	Strategic Medical Initiatives PC	20999	11/20/2018	2	\$1,400.00
0524615119-02	N.S.	Strategic Medical Initiatives PC	99244	11/25/2018	1	\$236.94
0524615119-02	N.S.	Strategic Medical Initiatives PC	20999	11/28/2018	2	\$1,400.00

EXHIBIT “3”



FRANCIS JOSEPH LACINA, M.D.

INITIAL EVALUATION

Re: C.P.
DOB: [REDACTED] 38
DOA: 9/20/16
Date of Evaluation: 10/12/16

ACCIDENT HISTORY:

Type: ☒ MVA ☐ Work Related ☐ Slip and Fall ☐ Other: _____
Where you: ☐ Pedestrian ☐ Passenger ☐ Driver
Traveling in the: ☐ Front Seat ☐ Rear Seat Seat Belt: ☐ Y ☐ N
Injury Happened: ☐ At Work ☐ At Home ☐ MVA ☒ Exact Location: _____
E R Treatment: ☐ Yes ☐ No Hospital Name: _____
Date Admitted _____ Date discharged _____ ☐ Patient was treated and released
Has patient worked since accident? ☒ No ☐ Yes, returned date: _____ ☐ Light Duty ☐ Regular duty
Has patient been in a prior accident? ☒ No ☐ Yes, type & when: ☐ MVA _____ ☐ WC _____

PRESENT COMPLAINTS:

- Headache / Dizziness / Nausea / Vomiting / Insomnia / Nervousness / Anxiety / Depression / Blurring Vision / Balance Disturbance / Fever / Chills / Night Sweats / Weight Gains / Weight Loss / Others
- Chest Pain / Tenderness / Tingling
- Difficulty of Breathing
- Neck pain with (U) upper extremity radiating pain and parasthesia
- Tingling sensation in the right/left both arms/ forearms/ fingers
- Upper back pain
- Low back pain with () lower extremity radiating pain and parenthesis
- Numbness / weakness / tingling to the right/ left/ both legs / feet/ toes
- Pain in the scalp / Face / Chest / Abdomen / (U) Shoulder / () elbow / () Wrist / () Hand / (U) hip / () Knee / () Ankle / () Foot / Other _____

Pain Descriptive:

_sharp; (U)stabbing; (U)shooting; _burning; _aching; _tingling; _numbness; _pulsating;____
_constant; _intermittent; _occasional

How many hours per day patient has pain _____

How many days per week patient has pain daily

What activities are most affected by pain _____

Patient Name: _____ Date: _____

Activity level is:

- ☐ unchanged
☒ diminished
☐ significantly restricted
☐ pain with manual labor
☐ unable to perform daily household chores

Where is pain worst?

☒ neck: ☐ back: ☐ R/L leg: ☐ R/L arm: _____
(other)

Pain scale (1-10): 0-No pain: 1-3 Minimal: 4-6 Moderate; 7-9 Intense: 10 Emergency

Neck 7-8

Back _____

Arm _____

Leg _____

What makes pain worst?

☒ standing: ☒ lack of sleep ☐ reaching overhead: ☐ sitting: ☐ laying down: ☒ coughing: ☒ walking: ☒ lifting: ☐ sneezing:
☒ bending: ☐ weather: ☐ tension: ☐ driving: Housework activity: ☐ arising from chairs: _____ other

Severe night time pain ☒ YES/NO

Waking up in the middle of the night because of pain ☒ YES/NO if yes how many times 3-4

PAST MEDICAL HISTORY:

- ☐ There is no significant past medical history
☐ There is a history of (HTN, Diabetes, Asthma, Osteoarthritis) other: _____
☐ Medication _____

PAST SURGICAL HISTORY:

- ☐ There is no significant past medical history
☐ There is a history of _____

Allergies: ☒ YES ☐ NO

EMPLOYMENT HISTORY:

The patient had not been employed / The patient has been employed prior to the accident.

The patient has / has not been able to return to work.

REVIEW OF SYSTEM:

- ☒ Constitutional Symptoms
(fever; weight loss; other _____)
☒ Eyes
☒ Ears _____; Nose _____; Mouth _____; Throat _____
☒ Cardiovascular _____
☒ Gastrointestinal _____
☒ Genitourinary _____

- Musculoskeletal See Exam
☒ Integumentary (skin _____; breast _____)
☒ Neurological _____
☒ Psychiatric _____
☒ Endocrine _____
☒ Hematologic/Lymphatic _____
☒ Allergic / Immunologic _____

Patient Name: _____ Date: _____

PHYSICAL EXAMINATION

VITAL SIGNS: BP:_____ WT:_____ HT:_____ T°:_____ RR:_____ PULSE:_____ SPO2%:_____

HEENT:

The head is normocephalic. There is full range of extra ocular muscle and a normal light reflex. No nystagmus is noted. External canals and tympanic membranes are normal. Hearing is normal. The tongue protrudes in the midline. He/She complains of headaches.

SKIN:

The skin is intact. No ecchymosis laceration or abrasions are noted.

CHEST & LUNGS EXAMINATION:

The heart size seemed to be normal. The PMI was normal. No murmur, gallop, thrill or rub was noted. The rhythm was regular. Checked pulses were synchronous and equal bilaterally.

ABDOMEN:

The abdomen was flat. No scar was noted. Palpitation was normal, non-tender in all quadrants. No organomegaly was noted.

EXAMINATION:

Cervical Spine

☐ NORMAL

L > R

Examination of the cervical spine showed loss of the normal lordosis. Tenderness, spasm and stiffness were noted on palpitation of the posterior occipital, paraspinals and trapezius muscle. Range of motion was limited, restricted and painful.

Cervical ROM	Normal	Patient	Quantity
Flexion	50°		Severe / Moderate
Extension	60°		Severe / Moderate
Right Lateral Flexion	45°		Severe / Moderate
Left Lateral Flexion	45°		Severe / Moderate
Right Rotation	80°		Severe / Moderate
Left Rotation	80°		Severe / Moderate

The points were also elicited at C3, C4, C5, C6, C7 levels. The soto hall (force flexion of the head and the neck upon the sternum) elicited pain. Cervical distraction test was positive indicating the presence of a spinal nerve root compression. Manual testing of muscle strength was positive. Pinprick and touch was abnormally decreased over the right left arm. The patient had difficulties looking up to the ceiling because of spasm and stiffness of the cervical musculature.

- ☒ Hypersensitive bundle/nodule present
- ☒ Pain elicited when palpated
- ☒ Radiation of pain when palpated
- ☒ "Jump Sign" when palpated
- ☐ Twitch response when palpated

Patient Name: _____ Date: _____

THORACIC SPINE:

☐ NORMAL

There was pain/no pain on deep inspiration. Tenderness/no tenderness on palpation over the paraspinals and/or the angle of the ribs were noted. Range of motion was/was not limited.

- ☒ Hypersensitive bundle/nodule present
- ☒ Pain elicited when palpated
- ☒ Radiation of pain when palpated
- ☐ "Jump Sign" when palpated
- ☐ Twitch response when palpated

LUMBAR SPINE:

☐ NORMAL

Muscle spasm was noted on palpation. Visualized muscle spasm and diffuse tenderness are noted over the paraspinal erector spinaea, illocostalis lumborum, the Multifundi the gluteus muscles and the latissimus dorsi, radiating to the sciatic notches, the RIGHT/LEFT hip, THE LOWER EXTREMETIES, limiting the back range of motion more than ___% of normal.

Spinal ROM	Normal	Patient	Quantity
Pelvic Sacral Angle	45°		Severe / Moderate
Flexion	90°		Severe / Moderate
Extension	30°		Severe / Moderate
Right Lateral Flexion	35°		Severe / Moderate
Left Lateral Flexion	35°		Severe / Moderate

Tender appoints were elicited at L2, L3, L4, L5-S1 levels. Straight leg raising test was positive on the right/left/bilaterally.

- ☒ Hypersensitive bundle/nodule present
- ☒ Pain elicited when palpated
- ☒ Radiation of pain when palpated
- ☒ "Jump Sign" when palpated
- ☐ Twitch response when palpated

SHOULDER:

☐ NORMAL

The left/right shoulder was painful, spastic and restricted on palpation and mobilization of the deltoid muscles and the AC joints. Crepitation was felt on palpation and mobilization of the acromioacetabular joints. Trigger points were elicited on palpation of the supraspinatus, infraspinatus deltoid, biceps brachii muscles causing severe limitation and pain on motion. The range of motion was limited and painful.

Shoulder ROM	Normal	R	L	Quantity
Abduction	180°			Severe / Moderate
Forward Flexion	180°			Severe / Moderate
Extension	60°			Severe / Moderate
Internal Rotation	90°			Severe / Moderate
External Rotation	90°			Severe / Moderate

Hand to shoulder blade test was positive. Apley's scratch test was positive. The patient complains of shoulder pain on the left/right side was unable to reach behind to a back pocket and in front to comb hair or brush teeth.

Patient Name: _____ Date: _____

ELBOW / WRIST / HAND:

☒ NORMAL

HIP:

☐ NORMAL

Swelling, hematoma and bruises were noted over lateral/anterior aspect of the left/right thigh. Tenderness was also noted on palpation of the sacroiliac area. Trigger points were elicited on palpation of the left/right gluteus medius. The range of motion was limited and painful. Ely's eel to buttock test was positive. Thomas test was positive.

Hip ROM	Normal	R	L	Quantity
Flexion	120°			Severe / Moderate
Extension	35°			Severe / Moderate
Abduction	50°			Severe / Moderate
Adduction	30°			Severe / Moderate
Internal Rotation	35°			Severe / Moderate
External Rotation	45°			Severe / Moderate

KNEE:

☐ NORMAL

Swelling, hematoma and bruises were noted over anterior / posterior / lateral aspect of the left / right knee. Tenderness was also noted on palpation of the medial/lateral aspect. Range of motion was limited and painful.

Knee ROM	Normal	R	L	Quantity
Flexion	135°			Severe / Moderate
Extension	10°			Severe / Moderate
Internal Tibial Rotation	30°			Severe / Moderate
External Tibial Rotation	45°			Severe / Moderate

ANKLE:

☒ NORMAL

Swelling, hematoma and bruises were noted over anterior / posterior / malleolar aspect of the left/right ankle. Tenderness was also noted on palpation of the medial/lateral aspect. Range of motion was limited and painful.

Ankle ROM	Normal	R	L	Quantity
Dorsi Flexion	20°			Severe / Moderate
Plantar Flexion	50°			Severe / Moderate
Inversion	15°			Severe / Moderate
Eversion	15°			Severe / Moderate

FOOT:

☒ NORMAL

Patient Name: _____ Date: _____

Diagnostic Impression:

<input type="checkbox"/> Post-Traumatic Headache	G44.3	<input type="checkbox"/> Pain in Wrist	M25.53
<input type="checkbox"/> Acute Post-traumatic Headache	G44.31	<input checked="" type="checkbox"/> Pain in Knee	M25.56
<input type="checkbox"/> Chest Pain Unspecified	R07.9	<input type="checkbox"/> Pain in Ankle and Joints of Foot	M25.57
<input type="checkbox"/> Concussion Without Loss of Consciousness, Initial Encounter	S06.0X0A	<input type="checkbox"/> Sprain of Shoulder Joint	S43.4
<input type="checkbox"/> Concussion With Loss of Consciousness Of Unspecified Duration	S06.0X9	<input type="checkbox"/> Sprain of Collateral Ligament of Knee	S83.4
<input type="checkbox"/> Other Dorsalgia	M54.89	<input type="checkbox"/> Sprain of Cruciate Ligament of Knee	S83.5
<input type="checkbox"/> Low Back Pain	M54.5	<input type="checkbox"/> Sprain of Other Specified Parts of Knee	S83.8
<input type="checkbox"/> Cervicalgia	M54.2	<input type="checkbox"/> Tear of Articular Cartilage of Knee, Current	S83.3
<input type="checkbox"/> Lumbago with Sciatica	M54.4	<input type="checkbox"/> Tear of Meniscus, Current Injury	S83.2
<input type="checkbox"/> Sciatica	M54.3	<input type="checkbox"/> Internal Derangement of Knee	M23
<input type="checkbox"/> Radiculopathy, Site Unspecified	M54.10	<input type="checkbox"/> Elevated blood-pressure reading, Without diagnosis of hypertension	R03.0
<input type="checkbox"/> Radiculopathy, Cervical Region	M54.12	<input type="checkbox"/> Contusion of Right Thigh, Initial Encounter	S70.11XA
<input type="checkbox"/> Radiculopathy, Cervicothoracic Region	M54.13	<input type="checkbox"/> Contusion of Left Thigh, Initial Encounter	S70.12XA
<input type="checkbox"/> Radiculopathy, Thoracic Region	M54.14	<input type="checkbox"/> Acute Stress Reaction	F43.0
<input type="checkbox"/> Radiculopathy, Thoracolumbar Region	M54.15	<input type="checkbox"/> Other Cervical Disc Displacement, Unspecified Cervical Region	M50.20
<input type="checkbox"/> Radiculopathy, Lumbar Region	M54.16	<input type="checkbox"/> Other Cervical Disc Displacement, High Cervical Region	M50.21
<input type="checkbox"/> Radiculopathy, Lumbosacral Region	M54.17	<input type="checkbox"/> Other Cervical Disc Displacement, Mid-Cervical Region	M50.22
<input type="checkbox"/> Sacrococcygeal Region	M54.18	<input type="checkbox"/> Other Cervical Disc Displacement, Cervicothoracic Region	M50.23
<input type="checkbox"/> Fusion of Spine, Cervical Region	M43.22	<input type="checkbox"/> Other Cervical Disc Degeneration	M50.3
<input type="checkbox"/> Fusion of Spine, Cervicothoracic Region	M43.23	<input type="checkbox"/> Other Intervertebral Disc Displacement, Thoracic Region	M51.24
<input type="checkbox"/> Fusion of Spine, Thoracic Region	M43.24	<input type="checkbox"/> Other Intervertebral Disc Displacement, Thoracolumbar Region	M51.25
<input type="checkbox"/> Fusion of Spine Thoracolumbar Region	M43.25	<input type="checkbox"/> Other Intervertebral Disc Displacement, Lumbar Region	M51.26
<input type="checkbox"/> Fusion of Spine, Lumbar Region	M43.26	<input type="checkbox"/> Other Intervertebral Disc Displacement, Lumbosacral Region	M51.27
<input type="checkbox"/> Fusion of Spine, Lumbosacral Region	M43.27	<input type="checkbox"/> Other Thoracic, Thoracolumbar and Lumbosacral Intervertebral Disc Degeneration	M51.3
<input type="checkbox"/> Dorsopathy, Unspecified	M53.9	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Shoulder	M65.81
<input checked="" type="checkbox"/> Sprain of Ligaments of Cervical Spine, Initial Encounter	S13.4XXA	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Upper Arm	M65.82
<input checked="" type="checkbox"/> Sprain of Ligaments of Thoracic Spines, Initial Encounter	S23.3XXA	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Forearm	M65.83
<input checked="" type="checkbox"/> Sprain of Ligaments of Lumbar Spine, Initial Encounter	S33.5XXA	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Hand	M65.84
<input type="checkbox"/> Sprain of Other Parts of Lumbar Spine and Pelvis, Initial Encounter	S33.8XXA	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Thigh	M65.85
<input type="checkbox"/> Other Specific Joint Derangements of Shoulder, Not Elsewhere Classified	M24.81	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Lower Leg	M65.86
<input type="checkbox"/> Other Specific Joint Derangements of Elbow, Not Elsewhere Classified	M24.82	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Ankle and Foot	M65.87
<input type="checkbox"/> Other Specific Joint Derangements of Wrist, Not Elsewhere Classified	M24.83	<input type="checkbox"/> Medial Epicondylitis	M77.0
<input type="checkbox"/> Other Specific Joint Derangements of Hand, Not Elsewhere Classified	M24.84	<input type="checkbox"/> Lateral Epicondylitis	M77.1
<input type="checkbox"/> Other Specific Joint Derangements of Hip, Not Elsewhere Classified	M24.85		
<input type="checkbox"/> Other Specific Joint Derangements of Ankle and Foot, Not Elsewhere Classified	M24.87		
<input type="checkbox"/> Pain in Hip	M25.55		
<input checked="" type="checkbox"/> Pain in Shoulder	M25.52		

Patient Name: _____ Date: _____

Others: _____

Treatment Plan and Recommendation:

- ☐ Bed Rest
- ☐ Avoid Physical Activity
- ☒ Physical Therapy
- ☒ The patient advised to attend a supervised physical therapy program on a regular schedule basis 3-5 times a week
- ☐ Application of Synoptic NM Block, continues/reciprocal duration of the treatment 15mins
- ☐ Computerized ROM and MMT examination

The patient advised to use at home:

- | | |
|--|--|
| <input type="checkbox"/> Cervical Collar 2 pc. | <input type="checkbox"/> EMS unit+kit |
| <input type="checkbox"/> Cervical Traction Kit | <input type="checkbox"/> EMS Placement Belt |
| <input type="checkbox"/> Orthopedic Pillow | <input type="checkbox"/> Electric Massager |
| <input type="checkbox"/> Thermophore | <input type="checkbox"/> Orthopedic Elbow Support L R |
| <input type="checkbox"/> Lumbosacral Orthosi | <input type="checkbox"/> Orthopedic Knee Support L R |
| <input type="checkbox"/> Lumbar Cushion | <input type="checkbox"/> Orthopedic Ankle Support L R |
| <input type="checkbox"/> Orthopedic Car Seat | <input type="checkbox"/> Orthopedic Wrist Support L R |
| <input type="checkbox"/> Orthopedic Bed Board | <input type="checkbox"/> Orthopedic Shoulder Support L R |
| <input type="checkbox"/> Eggcrate Mattress | <input type="checkbox"/> Infrared Heat Lamp |
| <input type="checkbox"/> Hot/Cold Pack | <input type="checkbox"/> Pelvic Traction |
| <input type="checkbox"/> Water Circulating Cold/Heat Pad with Pump | <input type="checkbox"/> Cane |

The patient is referred to:

X-Rays of the:

Indications: _____

- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Knee R L
- ☐ Shoulder R L
- ☐ Wrist R L
- ☐ Ankle R L
- ☐ Hip R L
- ☐ Elbow R L

MRI's of the:

Indications: _____

- ☐ Brain
- ☒ Cervical Spine
- ☐ Thoracic Spine
- ☒ Lumbar Spine
- ☐ Knee R L
- ☒ Shoulder R L
- ☐ Wrist R L
- ☐ Ankle R L
- ☐ Hip R L
- ☐ Elbow R L

Other: _____

Patient Name: _____ Date: _____

The patient prescribed medication:

Consults:

() EKG

Indications:

() Neurology

Indications:

() _____

Indications:

() Follow-up in 3-4 weeks

Prognosis: _____ Excellent; _____ Good; _____ Fair; _____ Poor; Guarded

Disability:

____ Patient is partially disabled

____ Mild 25-49%

____ Moderate 50-74%

____ Marked 75-99%

____ Patient is totally disabled

Casualty:

According to my best judgment, the history given by the patient is accurate and the above mentioned accident seems to be causative factor of patient's symptomology.

DISABILITY & PROGNOSIS:

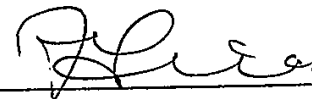
It is my opinion, based on the history of the patient's symptoms, diagnosis and examination findings that the above noted injuries were sustained/aggravated in the accident that occurred on __/__/__, and the disability resulting from it is/may be of a temporary/permanent nature. The prognosis for a complete recovery is presently (cautiously optimistic/guarded).

DISCHARGE:

The patient was discharged from treatment on _____ because

____ Patient's no-fault benefits was cut off

____ Patient has reached the medical maximum improvement



FRANCIS JOSEPH LACINA, M.D.

C.P.

Patient Name: _____ Date: 10/12/16

TREATMENT:

Patient rate average pain on a comfort level at: 7.8 base on a scale of 0 to 10. No comfort (zero) to well (ten).

The following treatment modalities are being applied individually of in combination to decreased pain and improve function and quality of life:

- ☐ Nerve Block Injections:
Indications: _____
- ☐ Trigger Point Injections:
Indications: _____
- ☒ Dry Needling:
Indications: Sym + tenders not respond well to conservative treatments
- ☐ Facet Join Injections:
Indications: _____
- ☐ Platelet Rich Plasma Injections:
Indications: _____
- ☐ Epidural Injections:
Indications: _____

After obtaining verbal consent the patient received trigger point/nerve block injections to the following areas:

- ☒ Surface anatomy technique
- ☐ Radiology anatomy technique (C-Arm)

USING: ☐ 1% Lidocaine ☐ Depomedrol 40 mg/cc ☐ 0.25% Marcaine ☐ 0.25% Sensorcaine ☐ 0.25% Bupivacaine

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Patient Name: _____ Date: _____

RT	LT	HEAD AND NECK MUSCLES
		Trapezius Muscle
		Sternocleidomastoid Muscle
		Masseter Muscle
		Temporalis Muscle
		Media (Internal) Pterygoid Muscle
		Lateral (External) Pterygoid Muscle
		Digastric Muscle
		Cutaneous II: Occipitofrontalis
		Splenius Capitis & Splenius Cervicis Muscles
		Posterior Cervical Muscle
		Semispinal Capitis, Semispinalis Cervicis & Multifidus
		Suboccipital Muscles
		Recti Capitis Posterior Major & Major, Obliqi Inferior and Superior

RT	LT	LUMBAR PARASPINAL MUSCLES
	4	Erectors Spinalis
	3	Iliocostalis Thoracicus
	3	Iliocostalis Lumborum
	2	Semispinalis
	2	Multifidi Muscles
	2	Rotatores Muscle
		Gluteus Muscles
	2	Quadratus Lumborum
	2	Longissimus

RT	LT	ELBOW TO FINGER MUSCLES
		Hand extensor & brachioradialis muscles
		Finger Extensor Muscles
		Extensor Digitorum & Extensor Indicis
		Supinator Muscle
		Hand & Finger Flexors in the Forearm
		Flexores Carpi Radialis & Ulnaris, Flexores Digitorum
		Superficialis & Profundus, Flexor Pollicis
		Longus (Pronator Teres)
		Adductor & Opponens Pollicis Muscles; Trigger Thum
		Interosseous Muscles of the Hand
		Hand extensor & brachioradialis muscles

RT	LT	UPPER, BACK, SHOULDER AND ARM MUSCLES
	2	Levator Scapulae Muscle
	2	Scalene Muscles
	2	Supraspinatus Muscle
	2	Infraspinatus Muscle
	2	Teres Minor Muscle
	2	Teres Major Minor
		Latissimus Dorsi Muscle
		Subscapularis Muscle
	2	Rhomboideus Major&Minor Muscle
		Deltoid Muscle
		Coracobrachialis Muscle
		Biceps Brachii Muscle
		Brachialis Muscle

RT	LT	TORSO MUSCLES
		Pectoralis Major Muscle (Subclavius Muscle)
		Pectoralis Minor Muscle
		Sternalis Muscle
		Serratus Posterior Superior Muscle
		Serratus Anterior Muscle
		Serratus Posterior Inferior Muscle
		Thoracolumbar Paraspinal Muscles
		Abdominal Muscles

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Patient Name: _____ Date: _____

CODE	DESCRIPTION	RIGHT	LEFT
<input type="checkbox"/> 64412	Injection, anesthetic agent; spinal accessory nerve		
<input type="checkbox"/> 64413	Injection, anesthetic agent; cervical plexus		
<input type="checkbox"/> 64405	Injection, anesthetic agent; occipital nerve		
<input type="checkbox"/> 64450	Injection, anesthetic agent; peripheral nerve or brunch		
<input type="checkbox"/> 64418	Injection, anesthetic agent; suprascapular nerve		
<input type="checkbox"/> 64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves		
<input type="checkbox"/> 64421	Injection, anesthetic agent; intercostal nerves, multiple, regional		
<input type="checkbox"/> 20552	Injection one or two muscles		
<input type="checkbox"/> 20553	Injection three or more muscles		

CODE	DESCRIPTION	RIGHT	LEFT
<input checked="" type="checkbox"/> 20999	Dry Needling		T 14 L 24
<input checked="" type="checkbox"/> 76942	Ultrasound		
<input type="checkbox"/>	Platelet Rich Plasma Injection		
<input type="checkbox"/> 20610	Intra Articular/Injection Shoulder		
<input type="checkbox"/> 20610	Intra Articular Injection Knee		
<input type="checkbox"/> 64633	C-Spine Facet Joint Injection Single		
<input type="checkbox"/> 64634	C Facet Joint Injection Additional		
<input type="checkbox"/> 64633	T-Facet Joint Injection Single		
<input type="checkbox"/> 64634	T Facet Joint Injection Additional		
<input type="checkbox"/> 64635	L-Facet Joint Injection Single		
<input type="checkbox"/> 64636	L Facet Joint Injection Additional		
<input type="checkbox"/> 64635	S-Facet Joint Injection Single		
<input type="checkbox"/> 64636	S Facet Joint Injection Additional		
<input type="checkbox"/>			


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Patient Name: _____ Date: _____

Number of cartridge injected:

A sterile field was created over the regions to be injected. The skin was prepped with Betadine. The areas to be injected were cleaned with alcohol, the patient's skin was sprayed with topical anesthetic ethyl chloride, and each area/trigger point was injected with 0.5cc of 0.5% Marcaine via 3cc syringe with a 1- 1/2 x 25G sterile hypodermic needle. Needling was performed to further breakup the trigger points.

- ☒ Patient tolerated the procedure well
- ☐ Patient developed a mild transient lightheadedness of a few minutes duration
- ☒ No complications, no complains
- ☐ Other: _____

Physician's Signature: _____

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FRANCIS JOSEPH LACINA, M.D.

INITIAL EVALUATION

Re: M.J.F.
DOB: [REDACTED] 47
DOA: 9/20/16
Date of Evaluation: 10/12/16

ACCIDENT HISTORY:

Type: ☒ MVA ☐ Work Related ☐ Slip and Fall ☐ Other: _____
Where you: ☐ Pedestrian ☒ Passenger ☐ Driver
Traveling in the: ☐ Front Seat ☐ Rear Seat Seat Belt: ☐ Y ☐ N
Injury Happened: ☐ At Work ☐ At Home ☐ MVA ☐ Exact Location: _____
E R Treatment: ☐ Yes ☒ No Hospital Name: _____
Date Admitted _____ Date discharged _____ ☐ Patient was treated and released
Has patient worked since accident? ☐ No ☐ Yes, returned date: _____ ☐ Light Duty ☐ Regular duty
Has patient been in a prior accident? ☐ No ☐ Yes, type & when: ☐ MVA _____ ☐ WC _____

PRESENT COMPLAINTS:

- Headache / Dizziness / Nausea / Vomiting / Insomnia / Nervousness / Anxiety / Depression / Blurring Vision / Balance Disturbance / Fever / Chills / Night Sweats / Weight Gains / Weight Loss / Others
- Chest Pain / Tenderness / Tingling
- Difficulty of Breathing
- Neck pain with (1) upper extremity radiating pain and parasthesia
- Tingling sensation in the right/left both arms/ foreams/ fingers
- Upper back pain
- Low back pain with (2) lower extremity radiating pain and parenthesis
- Numbness / weakness / tingling to the right/ left/ both legs / feet/ toes
- Pain in the scalp / Face / Chest / Abdomen (1) Shoulder / () elbow / () Wrist / () Hand/ () hip / () Knee / () Ankle / () Foot / Other _____

Pain Descriptive:

_sharp; _stabbing; _shooting; _burning; _aching; _tingling; _numbness; _pulsating;____
_constant; _intermittent; _occasional

How many hours per day patient has pain _____

How many days per week patient has pain daily

What activities are most affected by pain all movements

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Patient Name: _____ Date: _____

Activity level is:

- ☒ unchanged
☒ diminished
☐ significantly restricted
☐ pain with manual labor
☐ unable to perform daily household chores

Where is pain worst?

_neck: _____ _back: _____ _R/L leg: _____ _arm: shoulder _____
(other)

Pain scale (1-10): 0-No pain: 1-3 Minimal: 4-6 Moderate ; 7-9 Intense: 10 Emergency

Neck _____

Back 3-8

Arm 2-8

Leg _____

What makes pain worst?

_standing: _____ _lack of sleep: _____ _reaching overhead: _____ _sitting: _____ _laying down: _____ _coughing: _____ _walking: _____ _lifting: _____ _sneezing: _____
_bending: _____ _weather: _____ _tension: _____ _driving: _____ _Housework activity: _____ _arising from chairs: _____ _other: _____

Severe night time pain YES/NO

Waking up in the middle of the night because of pain YES/NO if yes how many times 3-4

PAST MEDICAL HISTORY:

- ☐ There is no significant past medical history
☒ There is a history of (HTN, Diabetes, Asthma, Osteoarthritis) other: _____
☒ Medication meds

PAST SURGICAL HISTORY:

- ☐ There is no significant past medical history
☒ There is a history of fibroectomy

Allergies: ☒ YES ☐ NO

ACE(I)

EMPLOYMENT HISTORY:

The patient had not been employed / The patient has been employed prior to the accident.

The patient has / has not been able to return to work.

REVIEW OF SYSTEM:

- ☒ Constitutional Symptoms
(fever; weight loss; other _____)
☒ Eyes _____
☒ Ears _____; Nose _____; Mouth _____; Throat _____
☒ Cardiovascular _____
☒ Gastrointestinal _____
☒ Genitourinary _____

- ☒ Musculoskeletal See Exam
☒ Integumentary (skin _____; breast _____)
☒ Neurological _____
☒ Psychiatric _____
☒ Endocrine _____
☒ Hematologic/Lymphatic _____
☒ Allergic / Immunologic _____

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Patient Name: _____ Date: _____

PHYSICAL EXAMINATION

VITAL SIGNS: BP:____ WT:____ HT:____ T°:____ RR:____ PULSE:____ SPO2%:____

HEENT:

The head is normocephalic. There is full range of extra ocular muscle and a normal light reflex. No nystagmus is noted. External canals and tympanic membranes are normal. Hearing is normal. The tongue protrudes in the midline. He/She complains of headaches.

SKIN:

The skin is intact. No ecchymosis laceration or abrasions are noted.

CHEST & LUNGS EXAMINATION:

The heart size seemed to be normal. The PMI was normal. No murmur, gallop, thrill or rub was noted. The rhythm was regular. Checked pulses were synchronous and equal bilaterally.

ABDOMEN:

The abdomen was flat. No scar was noted. Palpitation was normal, non-tender in all quadrants. No organomegaly was noted.

EXAMINATION:

Cervical Spine

☐ NORMAL

Examination of the cervical spine showed loss of the normal lordosis. Tenderness, spasm and stiffness were noted on palpitation of the posterior occipital, paraspinals and trapezius muscle. Range of motion was limited, restricted and painful.

Cervical ROM	Normal	Patient	Quantity
Flexion	50°		Severe / Moderate
Extension	60°		Severe / Moderate
Right Lateral Flexion	45°		Severe / Moderate
Left Lateral Flexion	45°		Severe / Moderate
Right Rotation	80°		Severe / Moderate
Left Rotation	80°		Severe / Moderate

The points were also elicited at C3, C4, C5, C6, C7 levels. The soto hall (force flexion of the head and the neck upon the sternum) elicited pain. Cervical distraction test was positive indicating the presence of a spinal nerve root compression. Manual testing of muscle strength was positive. Pinprick and touch was abnormally decreased over the right left arm. The patient had difficulties looking up to the ceiling because of spasm and stiffness of the cervical musculature.

C > R

- ☒ Hypersensitive bundle/nodule present
- ☒ Pain elicited when palpated
- ☒ Radiation of pain when palpated
- ☒ "Jump Sign" when palpated
- ☐ Twitch response when palpated

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Patient Name: _____ Date: _____

THORACIC SPINE: ☐ NORMAL

There was ~~pain~~/no pain on deep inspiration. ~~Tenderness~~/no tenderness on palpation over the paraspinals and/or the angle of the ribs were noted. Range of motion was/was not limited.

- ☒ Hypersensitive bundle/nodule present
- ☒ Pain elicited when palpated
- ☒ Radiation of pain when palpated
- ☒ "Jump Sign" when palpated
- ☒ Twitch response when palpated

R > L

LUMBAR SPINE: ☐ NORMAL

Muscle spasm was noted on palpation. Visualized muscle spasm and diffuse tenderness are noted over the paraspinal erector spinae, iliocostalis lumborum, the Multifundi the gluteus muscles and the latissimus dorsi, radiating to the sciatic notches, the RIGHT/LEFT hip, THE LOWER EXTREMITIES, limiting the back range of motion more than ___% of normal.

Spinal ROM	Normal	Patient	Quantity
Pelvic Sacral Angle	45°		Severe / Moderate
Flexion	90°		Severe / Moderate
Extension	30°		Severe / Moderate
Right Lateral Flexion	35°		Severe / Moderate
Left Lateral Flexion	35°		Severe / Moderate

Tender appoints were elicited at L2, L3, L4, L5-S1 levels. Straight leg raising test was positive on the right/left/bilaterally.

- ☒ Hypersensitive bundle/nodule present
- ☒ Pain elicited when palpated
- ☒ Radiation of pain when palpated
- ☒ "Jump Sign" when palpated
- ☒ Twitch response when palpated

SHOULDER: ☐ NORMAL

The left/right shoulder was painful, spastic and restricted on palpation and mobilization of the deltoid muscles and the AC joints. Crepitation was felt on palpation and mobilization of the acromioacetabular joints. Trigger points were elicited on palpation of the supraspinatus, infraspinatus deltoid, biceps brachii muscles causing severe limitation and pain on motion. The range of motion was limited and painful..

Shoulder ROM	Normal	R	L	Quantity
Abduction	180°			Severe / Moderate
Forward Flexion	180°			Severe / Moderate
Extension	60°			Severe / Moderate
Internal Rotation	90°			Severe / Moderate
External Rotation	90°			Severe / Moderate

Hand to shoulder blade test was positive. Apley's scratch test was positive. The patient complains of shoulder pain on the left/right side was unable to reach behind to a back pocket and in front to comb hair or brush teeth.

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Patient Name: _____ Date: _____

ELBOW / WRIST / HAND: ☒ NORMAL

HIP: ☒ NORMAL

Swelling, hematoma and bruises were noted over lateral/anterior aspect of the left/right thigh. Tenderness was also noted on palpation of the sacroiliac area. Trigger points were elicited on palpation of the left/right gluteus medius. The range of motion was limited and painful. Ely's eel to buttock test was positive. Thomas test was positive.

Hip ROM	Normal	R	L	Quantity
Flexion	120°			Severe / Moderate
Extension	35°			Severe / Moderate
Abduction	50°			Severe / Moderate
Adduction	30°			Severe / Moderate
Internal Rotation	35°			Severe / Moderate
External Rotation	45°			Severe / Moderate

KNEE: ☐ NORMAL

Swelling, hematoma and bruises were noted over anterior / posterior / lateral aspect of the left / right knee. Tenderness was also noted on palpation of the medial/lateral aspect. Range of motion was limited and painful.

Knee ROM	Normal	R	L	Quantity
Flexion	135°			Severe / Moderate
Extension	10°			Severe / Moderate
Internal Tibial Rotation	30°			Severe / Moderate
External Tibial Rotation	45°			Severe / Moderate

ANKLE: ☒ NORMAL

Swelling, hematoma and bruises were noted over anterior / posterior / malleolar aspect of the left/right ankle. Tenderness was also noted on palpation of the medial/lateral aspect. Range of motion was limited and painful.

Ankle ROM	Normal	R	L	Quantity
Dorsi Flexion	20°			Severe / Moderate
Plantar Flexion	50°			Severe / Moderate
Inversion	15°			Severe / Moderate
Eversion	15°			Severe / Moderate

FOOT: ☒ NORMAL

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Patient Name: _____ Date: _____

Diagnostic Impression:

<input type="checkbox"/> Post-Traumatic Headache	G44.3	<input type="checkbox"/> Pain in Wrist	M25.53
<input type="checkbox"/> Acute Post-traumatic Headache	G44.31	<input checked="" type="checkbox"/> Pain in Knee	M25.56
<input type="checkbox"/> Chest Pain Unspecified	R07.9	<input type="checkbox"/> Pain in Ankle and Joints of Foot	M25.57
<input type="checkbox"/> Concussion Without Loss of Consciousness, Initial Encounter	S06.0X0A	<input type="checkbox"/> Sprain of Shoulder Joint	S43.4
<input type="checkbox"/> Concussion With Loss of Consciousness Of Unspecified Duration	S06.0X9	<input type="checkbox"/> Sprain of Collateral Ligament of Knee	S83.4
<input type="checkbox"/> Other Dorsalgia	M54.89	<input type="checkbox"/> Sprain of Cruciate Ligament of Knee	S83.5
<input type="checkbox"/> Low Back Pain	M54.5	<input type="checkbox"/> Sprain of Other Specified Parts of Knee	S83.8
<input type="checkbox"/> Cervicalgia	M54.2	<input type="checkbox"/> Tear of Articular Cartilage of Knee, Current	S83.3
<input type="checkbox"/> Lumbago with Sciatica	M54.4	<input type="checkbox"/> Tear of Meniscus, Current Injury	S83.2
<input type="checkbox"/> Sciatica	M54.3	<input type="checkbox"/> Internal Derangement of Knee	M23
<input type="checkbox"/> Radiculopathy, Site Unspecified	M54.10	<input type="checkbox"/> Elevated blood-pressure reading, Without diagnosis of hypertension	R03.0
<input type="checkbox"/> Radiculopathy, Cervical Region	M54.12	<input type="checkbox"/> Contusion of Right Thigh, Initial Encounter	S70.11XA
<input type="checkbox"/> Radiculopathy, Cervicothoracic Region	M54.13	<input type="checkbox"/> Contusion of Left Thigh, Initial Encounter	S70.12XA
<input type="checkbox"/> Radiculopathy, Thoracic Region	M54.14	<input type="checkbox"/> Acute Stress Reaction	F43.0
<input type="checkbox"/> Radiculopathy, Thoracolumbar Region	M54.15	<input type="checkbox"/> Other Cervical Disc Displacement, Unspecified Cervical Region	M50.20
<input type="checkbox"/> Radiculopathy, Lumbar Region	M54.16	<input type="checkbox"/> Other Cervical Disc Displacement, High Cervical Region	M50.21
<input type="checkbox"/> Radiculopathy, Lumbosacral Region	M54.17	<input type="checkbox"/> Other Cervical Disc Displacement, Mid-Cervical Region	M50.22
<input type="checkbox"/> Sacrococcygeal Region	M54.18	<input type="checkbox"/> Other Cervical Disc Displacement, Cervicothoracic Region	M50.23
<input type="checkbox"/> Fusion of Spine, Cervical Region	M43.22	<input type="checkbox"/> Other Cervical Disc Degeneration	M50.3
<input type="checkbox"/> Fusion of Spine, Cervicothoracic Region	M43.23	<input type="checkbox"/> Other Intervertebral Disc Displacement, Thoracic Region	M51.24
<input type="checkbox"/> Fusion of Spine, Thoracic Region	M43.24	<input type="checkbox"/> Other Intervertebral Disc Displacement, Thoracolumbar Region	M51.25
<input type="checkbox"/> Fusion of Spine Thoracolumbar Region	M43.25	<input type="checkbox"/> Other Intervertebral Disc Displacement, Lumbar Region	M51.26
<input type="checkbox"/> Fusion of Spine, Lumbar Region	M43.26	<input type="checkbox"/> Other Intervertebral Disc Displacement, Lumbosacral Region	M51.27
<input type="checkbox"/> Fusion of Spine, Lumbosacral Region	M43.27	<input type="checkbox"/> Other Thoracic, Thoracolumbar and Lumbosacral Intervertebral Disc Degeneration	M51.3
<input type="checkbox"/> Dorsopathy, Unspecified	M53.9	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Shoulder	M65.81
<input checked="" type="checkbox"/> Sprain of Ligaments of Cervical Spine, Initial Encounter	S13.4XXA	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Upper Arm	M65.82
<input checked="" type="checkbox"/> Sprain of Ligaments of Thoracic Spines, Initial Encounter	S23.3XXA	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Forearm	M65.83
<input checked="" type="checkbox"/> Sprain of Ligaments of Lumbar Spine, Initial Encounter	S33.5XXA	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Hand	M65.84
<input type="checkbox"/> Sprain of Other Parts of Lumbar Spine and Pelvis, Initial Encounter	S33.8XXA	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Thigh	M65.85
<input type="checkbox"/> Other Specific Joint Derangements of Shoulder, Not Elsewhere Classified	M24.81	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Lower Leg	M65.86
<input type="checkbox"/> Other Specific Joint Derangements of Elbow, Not Elsewhere Classified	M24.82	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Ankle and Foot	M65.87
<input type="checkbox"/> Other Specific Joint Derangements of Wrist, Not Elsewhere Classified	M24.83	<input type="checkbox"/> Medial Epicondylitis	M77.0
<input type="checkbox"/> Other Specific Joint Derangements of Hand, Not Elsewhere Classified	M24.84	<input type="checkbox"/> Lateral Epicondylitis	M77.1
<input type="checkbox"/> Other Specific Joint Derangements of Hip, Not Elsewhere Classified	M24.85		
<input type="checkbox"/> Other Specific Joint Derangements of Ankle and Foot, Not Elsewhere Classified	M24.87		
<input type="checkbox"/> Pain in Hip	M25.55		
<input checked="" type="checkbox"/> Pain in Shoulder	M25.52		

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Patient Name: _____ Date: _____

Others: _____

Treatment Plan and Recommendation:

- ☐ Bed Rest
- ☐ Avoid Physical Activity
- ☒ Physical Therapy
- ☒ The patient advised to attend a supervised physical therapy program on a regular schedule basis 3-5 times a week
- ☐ Application of Synoptic NM Block, continues/reciprocal duration of the treatment 15mins
- ☐ Computerized ROM and MMT examination

The patient advised to use at home:

- | | |
|--|--|
| <input type="checkbox"/> Cervical Collar 2 pc. | <input type="checkbox"/> EMS unit+kit |
| <input type="checkbox"/> Cervical Traction Kit | <input type="checkbox"/> EMS Placement Belt |
| <input type="checkbox"/> Orthopedic Pillow | <input type="checkbox"/> Electric Massager |
| <input type="checkbox"/> Thermophore | <input type="checkbox"/> Orthopedic Elbow Support L R |
| <input type="checkbox"/> Lumbosacral Orthosi | <input type="checkbox"/> Orthopedic Knee Support L R |
| <input type="checkbox"/> Lumbar Cushion | <input type="checkbox"/> Orthopedic Ankle Support L R |
| <input type="checkbox"/> Orthopedic Car Seat | <input type="checkbox"/> Orthopedic Wrist Support L R |
| <input type="checkbox"/> Orthopedic Bed Board | <input type="checkbox"/> Orthopedic Shoulder Support L R |
| <input type="checkbox"/> Eggcrate Mattress | <input type="checkbox"/> Infrared Heat Lamp |
| <input type="checkbox"/> Hot/Cold Pack | <input type="checkbox"/> Pelvic Traction |
| <input type="checkbox"/> Water Circulating Cold/Heat Pad with Pump | <input type="checkbox"/> Cane |

The patient is referred to:

X-Rays of the:

Indications: _____

- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Knee R L
- ☐ Shoulder R L
- ☐ Wrist R L
- ☐ Ankle R L
- ☐ Hip R L
- ☐ Elbow R L

MRI's of the:

Indications: _____

- ☐ Brain
- ☒ Cervical Spine
- ☐ Thoracic Spine
- ☒ Lumbar Spine
- ☒ Knee R/L
- ☒ Shoulder R/L
- ☐ Wrist R L
- ☐ Ankle R L
- ☐ Hip R L
- ☐ Elbow R L

Other: _____

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Patient Name: _____ Date: _____

The patient prescribed medication:

Consults:

() EKG

Indications:

() Neurology

Indications:

() _____

Indications:

☒ Follow-up in 3-4 weeks

Prognosis: _____ Excellent; _____ Good; _____ Fair; _____ Poor; ☒ Guarded

Disability:

____ Patient is partially disabled

____ Mild 25-49%

____ Moderate 50-74%

____ Marked 75-99%

____ Patient is totally disabled

Casualty:

According to my best judgment, the history given by the patient is accurate and the above mentioned accident seems to be causative factor of patient's symptomology.

DISABILITY & PROGNOSIS:

It is my opinion, based on the history of the patient's symptoms, diagnosis and examination findings that the above noted injuries were sustained/aggravated in the accident that occurred on __/__/__, and the disability resulting from it is/may be of a temporary/permanent nature. The prognosis for a complete recovery is presently (cautiously optimistic/guarded).

DISCHARGE:

The patient was discharged from treatment on _____ because

____ Patient's no-fault benefits was cut off

____ Patient has reached the medical maximum improvement



FRANCIS JOSEPH LACINA, M.D.

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Patient Name: M.J.F. Date: 10/12/16

TREATMENT:

Patient rate average pain on a comfort level at: 8 base on a scale of 0 to 10. No comfort (zero) to well (ten).

The following treatment modalities are being applied individually or in combination to decreased pain and improve function and quality of life:

- ☐ Nerve Block Injections:
Indications: _____
- ☐ Trigger Point Injections:
Indications: _____
- ☒ Dry Needling:
Indications: spasm + tendons & TP noted that have not responded well to conservative treatments
- ☐ Facet Joint Injections:
Indications: _____
- ☐ Platelet Rich Plasma Injections:
Indications: _____
- ☐ Epidural Injections:
Indications: _____

After obtaining verbal consent the patient received trigger point/nerve block injections to the following areas:

- ☒ Surface anatomy technique
- ☐ Radiology anatomy technique (C-Arm)

USING: ☐ 1% Lidocaine ☐ Depomedrol 40 mg/cc ☐ 0.25% Marcaine ☐ 0.25% Sensorcaine ☐ 0.25% Bupivacaine

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Patient Name: _____ Date: _____

RT	LT	HEAD AND NECK MUSCLES
4	4	Trapezius Muscle
		Sternocleidomastoid Muscle
		Masseter Muscle
		Temporalis Muscle
		Media (Internal) Pterygoid Muscle
		Lateral (External) Pterygoid Muscle
		Digastric Muscle
		Cutaneous II: Occipitofrontalis
4	4	Splenius Capitis & Splenius Cervicis Muscles
2	2	Posterior Cervical Muscle
4	4	Semispinal Capitis, Semispinalis Cervicis & Multifidus
2	2	Suboccipital Muscles
4	4	Recti Capitis Posterior Major & Major, Obliqui Inferior and Superior

RT	LT	LUMBAR PARASPINAL MUSCLES
		Erectors Spinalis
		Iliocostalis Thoracicus
		Iliocostalis Lumborum
		Semispinalis
		Multifidi Muscles
		Rotatores Muscle
		Gluteus Muscles
		Quadratus Lumborum
		Longissimus

RT	LT	ELBOW TO FINGER MUSCLES
		Hand extensor & brachioradialis muscles
		Finger Extensor Muscles
		Extensor Digitorum & Extensor Indicis
		Supinator Muscle
		Hand & Finger Flexors in the Forearm
		Flexores Carpi Radialis & Ulnaris, Flexores Digitorum
		Superficialis & Profundus, Flexor Pollicis
		Longus (Pronator Teres)
		Adductor & Opponens Pollicis Muscles; Trigger Thumb
		Interosseous Muscles of the Hand
		Hand extensor & brachioradialis muscles

RT	LT	UPPER, BACK, SHOULDER AND ARM MUSCLES
2		Levator Scapulae Muscle
2		Scalene Muscles
2		Supraspinatus Muscle
2		Infraspinatus Muscle
		Teres Minor Muscle
		Teres Major Minor
		Latissimus Dorsi Muscle
		Subscapularis Muscle
2		Rhomboides Major&Minor Muscle
		Deltoid Muscle
		Coracobrachialis Muscle
		Biceps Brachii Muscle
		Brachialis Muscle

RT	LT	TORSO MUSCLES
		Pectoralis Major Muscle (Subclavius Muscle)
		Pectoralis Minor Muscle
		Sternalis Muscle
		Serratus Posterior Superior Muscle
		Serratus Anterior Muscle
		Serratus Posterior Inferior Muscle
		Thoracolumbar Paraspinal Muscles
		Abdominal Muscles

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Patient Name: _____ Date: _____

CODE	DESCRIPTION	RIGHT	LEFT
<input type="checkbox"/> 64412	Injection, anesthetic agent; spinal accessory nerve		
<input type="checkbox"/> 64413	Injection, anesthetic agent; cervical plexus		
<input type="checkbox"/> 64405	Injection, anesthetic agent; occipital nerve		
<input type="checkbox"/> 64450	Injection, anesthetic agent; peripheral nerve or brunch		
<input type="checkbox"/> 64418	Injection, anesthetic agent; suprascapular nerve		
<input type="checkbox"/> 64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves		
<input type="checkbox"/> 64421	Injection, anesthetic agent; intercostal nerves, multiple, regional		
<input type="checkbox"/> 20552	Injection one or two muscles		
<input type="checkbox"/> 20553	Injection three or more muscles		

CODE	DESCRIPTION	RIGHT	LEFT
<input checked="" type="checkbox"/> 20999	Dry Needling	C 20 T 10	C 20
<input checked="" type="checkbox"/> 76942	Ultrasound		
<input type="checkbox"/>	Platelet Rich Plasma Injection		
<input type="checkbox"/> 20610	Intra Articular/Injection Shoulder		
<input type="checkbox"/> 20610	Intra Articular Injection Knee		
<input type="checkbox"/> 64633	C-Spine Facet Joint Injection Single		
<input type="checkbox"/> 64634	C Facet Joint Injection Additional		
<input type="checkbox"/> 64633	T-Facet Joint Injection Single		
<input type="checkbox"/> 64634	T Facet Joint Injection Additional		
<input type="checkbox"/> 64635	L-Facet Joint Injection Single		
<input type="checkbox"/> 64636	L Facet Joint Injection Additional		
<input type="checkbox"/> 64635	S-Facet Joint Injection Single		
<input type="checkbox"/> 64636	S Facet Joint Injection Additional		
<input type="checkbox"/>			


FRANCIS JOSEPH LACINA, M.D.

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Patient Name: _____ Date: _____

Number of cartridge injected:

A sterile field was created over the regions to be injected. The skin was prepped with Betadine. The areas to be injected were cleaned with alcohol, the patient's skin was sprayed with topical anesthetic ethyl chloride, and each area/trigger point was injected with 0.5cc of 0.5% Marcaine via 3cc syringe with a 1- ½ x 25G sterile hypodermic needle. Needling was performed to further breakup the trigger points.

- ☒ Patient tolerated the procedure well
- ☐ Patient developed a mild transient lightheadedness of a few minutes duration
- ☒ No complications, no complains
- ☐ Other: _____

Physician's Signature: _____

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JULES F. PARISIEN, M.D.

INITIAL EVALUATION

Re: J.L.
DOB: [REDACTED] 69
DOA: 4-19-16.
Date of Evaluation: 5-4-16.

ACCIDENT HISTORY:

Type: ☒ MVA ☐ Work Related ☐ Slip and Fall ☐ Other: _____
Where you: ☐ Pedestrian ☒ Passenger ☐ Driver
Traveling in the: ☒ Front Seat ☐ Rear Seat Seat Belt: ☒ Y ☐ N
Injury Happened: ☐ At Work ☐ At Home ☒ MVA ☐ Exact Location: _____
E R Treatment: ☒ Yes ☐ No Hospital Name: Brookdale
Date Admitted _____ Date discharged _____ ☒ Patient was treated and released
Has patient worked since accident? ☐ No ☒ Yes, returned date: _____ ☐ Light Duty ☐ Regular duty
Has patient been in a prior accident? ☐ No ☒ Yes, type & when: ☐ MVA _____ ☐ WC _____

Secretary.

PRESENT COMPLAINTS:

- Headache / Dizziness / Nausea / Vomiting / Insomnia / Nervousness / Anxiety / Depression / Blurring Vision / Balance Disturbance / Fever / Chills / Night Sweats / Weight Gains / Weight Loss / Others
- Chest Pain / Tenderness / Tingling
- Difficulty of Breathing
- Neck pain with () upper extremity radiating pain and parasthesia
- Tingling sensation in the right/left both arms/ forearms/ fingers
- Upper back pain
- Low back pain with () lower extremity radiating pain and parenthesis
- Numbness / weakness / tingling to the right/ left/ both legs / feet/ toes
- Pain in the scalp / Face / Chest / Abdomen / (X) Shoulder / () elbow / () Wrist / () Hand/ () hip / (X) Knee / () Ankle / () Foot / Other

Pain Descriptive:

☒ sharp; ☐ stabbing; ☐ shooting; ☐ burning; ☐ aching; ☐ tingling; ☐ numbness; ☐ pulsating; _____

☒ constant; ☐ intermittent; ☐ occasional

How many hours per day patient has pain _____

How many days per week patient has pain Daily

What activities are most affected by pain movement

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Patient Name: _____ Date: _____

Activity level is:

- ☐ unchanged
☒ diminished
☐ significantly restricted
☐ pain with manual labor
☐ unable to perform daily household chores

Where is pain worst?

_neck: _back: R/L leg: R/L arm: _____
(other)

Pain scale (1-10): 0-No pain: 1-3 Minimal: 4-6 Moderate ; 7-9 Intense: 10 Emergency

Neck 8
Back 9
Arm _____
Leg 10 (L knee)

What makes pain worst?

_standing: _lack of sleep teaching overhead: _sitting: _laying down: coughing: _walking: _lifting: _sneezing:
_bending: _weather: _tension: _driving: Housework activity: _arising from chairs: _____ other

Severe night time pain YES/NO

Waking up in the middle of the night because of pain YES/NO if yes how many times _____

PAST MEDICAL HISTORY:

- ☐ There is no significant past medical history
☐ There is a history of (HTN, Diabetes, Asthma, Osteoarthritis) other: _____
☒ Medication Albuterol, Advair, Singulair tabs.

PAST SURGICAL HISTORY:

- ☐ There is no significant past medical history
☒ There is a history of (R) hand Carpal Tunnel Surg - 1 yr ago

Allergies: ☒ YES ☐ NO
PCN

EMPLOYEMENT HISTORY:

The patient had not been employed / The patient has been employed prior to the accident.
The patient has / has not been able to return to work.

REVIEW OF SYSTEM:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Constitutional Symptoms (fever; weight loss; other _____) | <input checked="" type="checkbox"/> Musculoskeletal <u>Pain & Tenderness to c/s, L/S, LL &</u> |
| <input checked="" type="checkbox"/> Eyes | <input checked="" type="checkbox"/> Integumentary (skin _____; breast _____) |
| <input checked="" type="checkbox"/> Ears _____; Nose _____; Mouth _____; Throat _____ | <input checked="" type="checkbox"/> Neurological _____ |
| <input checked="" type="checkbox"/> Cardiovascular _____ | <input checked="" type="checkbox"/> Psychiatric _____ |
| <input checked="" type="checkbox"/> Gastrointestinal _____ | <input checked="" type="checkbox"/> Endocrine _____ |
| <input checked="" type="checkbox"/> Genitourinary _____ | <input checked="" type="checkbox"/> Hematologic/Lymphatic _____ |
| | <input checked="" type="checkbox"/> Allergic / Immunologic _____ |

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Patient Name: _____ Date: _____

☒ Psychiatric _____
☒ Endocrine _____
☒ Hematologic/Lymphatic _____
☒ Allergic / Immunologic _____

PHYSICAL EXAMINATION

VITAL SIGNS: BP: _____ WT: 226 HT: 5'7" T°: _____ RR: _____ PULSE: _____ SPO2%: _____

HEENT:

The head is normocephalic. There is full range of extra ocular muscle and a normal light reflex. No nystagmus is noted. External canals and tympanic membranes are normal. Hearing is normal. The tongue protrudes in the midline. He/She complains of headaches.

SKIN:

The skin is intact. No ecchymosis laceration or abrasions are noted.

CHEST & LUNGS EXAMINATION:

The heart size seemed to be normal. The PMI was normal. No murmur, gallop, thrill or rub was noted. The rhythm was regular. Checked pulses were synchronous and equal bilaterally.

ABDOMEN:

The abdomen was flat. No scar was noted. Palpitation was normal, non-tender in all quadrants. No organomegaly was noted.

EXAMINATION:

Cervical Spine

☐ NORMAL

Examination of the cervical spine showed loss of the normal lordosis. Tenderness, spasm and stiffness were noted on palpation of the posterior occipital, paraspinals and trapezius muscle. Range of motion was limited, restricted and painful.

Cervical ROM	Normal	Patient	Quantity
Flexion	50°	40	Severe / Moderate
Extension	60°	50	Severe / Moderate
Right Lateral Flexion	45°	30	Severe / Moderate
Left Lateral Flexion	45°	30	Severe / Moderate
Right Rotation	80°	70	Severe / Moderate
Left Rotation	80°	70	Severe / Moderate

The points were also elicited at C3, C4, C5, C6, C7 levels. The soto hall (force flexion of the head and the neck upon the sternum) elicited pain. Cervical distraction test was positive indicating the presence of a spinal nerve root compression. Manual testing of muscle strength was positive. Pinprick and touch was abnormally decreased over the right left arm. The patient had difficulties looking up to the ceiling because of spasm and stiffness of the cervical musculature.

- ☒ Hypersensitive bundle/ nodule present
- ☒ Pain elicited when palpated
- ☐ Radiation of pain when palpated
- ☐ "Jump sign" when palpated
- ☐ Twitch response when palpated

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Patient Name: _____ Date: _____

THORACIC SPINE: ☒ NORMAL

There was pain/no pain on deep inspiration. Tenderness/no tenderness on palpation over the paraspinals and/or the angle of the ribs were noted. Range of motion was/was not limited.

- ☐ Hypersensitive bundle/ nodule present
- ☐ Pain elicited when palpated
- ☐ Radiation of pain when palpated
- ☐ "Jump sign" when palpated
- ☐ Twitch response when palpated

LUMBAR SPINE: ☐ NORMAL

Muscle spasm was noted on palpation. Visualized muscle spasm and diffuse tenderness are noted over the paraspinal erector spinaea, iliocostalis lumborum, the Multifundi the gluteus muscles and the latissimus dorsi, radiating to the sciatic notches, the RIGHT/LEFT hip, THE LOWER EXTREMETIES, limiting the back range of motion more than ___% of normal.

Spinal ROM	Normal	Patient	Quantity
Pelvic Sacral Angle	45°	30	Severe / Moderate
Flexion	90°	70	Severe / Moderate
Extension	30°	20	Severe / Moderate
Right Lateral Flexion	35°	20	Severe / Moderate
Left Lateral Flexion	35°	25	Severe / Moderate

Tender appoints were elicited at L2, L3, L4, L5-S1 levels. Straight leg raising test was positive on the right/left/bilaterally.

- ☒ Hypersensitive bundle/ nodule present
- ☒ Pain elicited when palpated
- ☐ Radiation of pain when palpated
- ☐ "Jump sign" when palpated
- ☐ Twitch response when palpated

SHOULDER: ☐ NORMAL

The left/right shoulder was painful, spastic and restricted on palpation and mobilization of the deltoid muscles and the AC joints. Crepitation was felt on palpation and mobilization of the acromioacetabular joints. Trigger points were elicited on palpation of the supraspinatus, infraspinatus deltoid, biceps brachii muscles causing severe limitation and pain on motion. The range of motion was limited and painful..

Shoulder ROM	Normal	R	L	Quantity
Abduction	180°	170		Severe / Moderate
Forward Flexion	180°	170		Severe / Moderate
Extension	60°	50		Severe / Moderate
Internal Rotation	90°	70		Severe / Moderate
External Rotation	90°	70	✓	Severe / Moderate

Hand to shoulder blade test was positive. Apley's scratch test was positive. The patient complains of shoulder pain on the left/right side was unable to reach behind to a back pocket and in front to comb hair or brush teeth.

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Patient Name: _____ Date: _____

ELBOW / WRIST / HAND:

☒ **NORMAL**

HIP:

☐ **NORMAL**

Swelling, hematoma and bruises were noted over lateral/anterior aspect of the left/right thigh. Tenderness was also noted on palpation of the sacroiliac area. Trigger points were elicited on palpation of the left/right gluteus medius. The range of motion was limited and painful. Ely's eel to buttock test was positive. Thomas test was positive.

Hip ROM	Normal	R	L	Quantity
Flexion	120°			Severe / Moderate
Extension	35°			Severe / Moderate
Abduction	50°			Severe / Moderate
Adduction	30°			Severe / Moderate
Internal Rotation	35°			Severe / Moderate
External Rotation	45°			Severe / Moderate

KNEE:

☐ **NORMAL**

Swelling, hematoma and bruises were noted over anterior / posterior / lateral aspect of the left / right knee. Tenderness was also noted on palpation of the medial/lateral aspect. Range of motion was limited and painful.

Knee ROM	Normal	R	L	Quantity
Flexion	135°		120	Severe / Moderate
Extension	10°		8	Severe / Moderate
Internal Tibial Rotation	30°		20	Severe / Moderate
External Tibial Rotation	45°	✓	30	Severe / Moderate

ANKLE:

☒ **NORMAL**

Swelling, hematoma and bruises were noted over anterior / posterior / malleolar aspect of the left/right ankle. Tenderness was also noted on palpation of the medial/lateral aspect. Range of motion was limited and painful.

Ankle ROM	Normal	R	L	Quantity
Dorsi Flexion	20°			Severe / Moderate
Plantar Flexion	50°			Severe / Moderate
Inversion	15°			Severe / Moderate
Eversion	15°			Severe / Moderate

FOOT:

☒ **NORMAL**

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Patient Name: _____ Date: _____

Diagnostic Impression:

<input checked="" type="checkbox"/> Headaches	R51	<input type="checkbox"/> Pain in elbow	M25.52
<input checked="" type="checkbox"/> Post-traumatic headache	G44.3	<input type="checkbox"/> Pain in wrist	M25.53
<input type="checkbox"/> Acute post-traumatic headache	G44.31	<input checked="" type="checkbox"/> Pain in knee (D)	M25.56
<input type="checkbox"/> Chest Pain, Unspecified	R07.9	<input type="checkbox"/> Pain in ankle and joints of foot	M25.57
<input type="checkbox"/> Concussion without loss of consciousness, initial encounter	S06.0X0A	<input type="checkbox"/> Sprain of shoulder joint	S43.4
<input type="checkbox"/> Concussion with loss of consciousness of unspecified duration	S06.0X9	<input type="checkbox"/> Sprain of collateral ligament of knee	S83.4
<input type="checkbox"/> Other dorsalgia	M54.89	<input type="checkbox"/> Sprain of cruciate ligament of knee	S83.5
<input type="checkbox"/> Low back pain	M54.5	<input type="checkbox"/> Sprain of other specified parts of knee	S83.8
<input type="checkbox"/> Cervicalgia	M54.2	<input type="checkbox"/> Tear of articular cartilage of knee, current	S83.3
<input type="checkbox"/> Lumbago with sciatica	M54.4	<input type="checkbox"/> Tear of meniscus, current injury	S83.2
<input type="checkbox"/> Sciatica	M54.3	<input type="checkbox"/> Internal derangement of knee	M23
<input type="checkbox"/> Radiculopathy, site unspecified	M54.10	<input type="checkbox"/> Elevated blood-pressure reading, without diagnosis of hypertension	R03.0
<input type="checkbox"/> Radiculopathy, cervical region	M54.12	<input type="checkbox"/> Contusion of right thigh, initial encounter	S70.11XA
<input type="checkbox"/> Radiculopathy, cervicothoracic region	M54.13	<input type="checkbox"/> Contusion of left thigh, initial encounter	S70.12XA
<input type="checkbox"/> Radiculopathy, thoracic region	M54.14	<input type="checkbox"/> Acute stress reaction	F43.0
<input type="checkbox"/> Radiculopathy, thoracolumbar region	M54.15	<input type="checkbox"/> Other cervical disc displacement, unspecified cervical region	M50.20
<input type="checkbox"/> Radiculopathy, lumbar region	M54.16	<input type="checkbox"/> Other cervical disc displacement, high cervical region	M50.21
<input type="checkbox"/> Radiculopathy, lumbosacral region	M54.17	<input type="checkbox"/> Other cervical disc displacement, mid-cervical region	M50.22
<input type="checkbox"/> Radiculopathy, sacral and sacrococcygeal region	M54.18	<input type="checkbox"/> Other cervical disc displacement, cervicothoracic region	M50.23
<input type="checkbox"/> Fusion of spine, cervical region	M43.22	<input type="checkbox"/> Other cervical disc degeneration	M50.3
<input type="checkbox"/> Fusion of spine, cervicothoracic region	M43.23	<input type="checkbox"/> Other intervertebral disc displacement, thoracic region	M51.24
<input type="checkbox"/> Fusion of spine, thoracic region	M43.24	<input type="checkbox"/> Other intervertebral disc displacement, thoracolumbar region	M51.25
<input type="checkbox"/> Fusion of spine, thoracolumbar region	M43.25	<input type="checkbox"/> Other intervertebral disc displacement, lumbar region	M51.26
<input type="checkbox"/> Fusion of spine, lumbar region	M43.26	<input type="checkbox"/> Other intervertebral disc displacement, lumbosacral region	M51.27
<input type="checkbox"/> Fusion of spine, lumbosacral region	M43.27	<input type="checkbox"/> Other thoracic, thoracolumbar and lumbosacral intervertebral disc degeneration	M51.3
<input type="checkbox"/> Dorsopathy, unspecified	M53.9	<input type="checkbox"/> Other synovitis and tenosynovitis, Shoulder	M65.81
<input checked="" type="checkbox"/> Sprain of ligaments of cervical spine initial encounter	S13.4XXA	<input type="checkbox"/> Other synovitis and tenosynovitis, upper arm	M65.82
<input type="checkbox"/> Sprain of ligaments of thoracic spine, initial encounter	S23.3XXA	<input type="checkbox"/> Other synovitis and tenosynovitis, Forearm	M65.83
<input checked="" type="checkbox"/> Sprain of ligaments of lumbar spine, initial encounter	S33.5XXA	<input type="checkbox"/> Other synovitis and tenosynovitis, hand	M65.84
<input type="checkbox"/> Sprain of other parts of lumbar spine and pelvis, initial encounter	S33.8XXA	<input type="checkbox"/> Other synovitis and tenosynovitis, thigh	M65.85
<input checked="" type="checkbox"/> Other specific joint derangements of shoulder, not elsewhere classified (D)	M24.81	<input type="checkbox"/> Other synovitis and tenosynovitis, lower leg	M65.86
<input type="checkbox"/> Other specific joint derangements of elbow, not elsewhere classified	M24.82	<input type="checkbox"/> Other synovitis and tenosynovitis, ankle and foot	M65.87
<input type="checkbox"/> Other specific joint derangements of wrist, not elsewhere classified	M24.83	<input type="checkbox"/> Medial epicondylitis	M77.0
<input type="checkbox"/> Other specific joint derangements of hand, not elsewhere classified	M24.84	<input type="checkbox"/> Lateral epicondylitis	M77.1
<input type="checkbox"/> Other specific joint derangements of hip, not elsewhere classified	M24.85		
<input type="checkbox"/> Other specific joint derangements of ankle and foot, not elsewhere classified	M24.87		
<input type="checkbox"/> Pain in hip	M25.55		
<input checked="" type="checkbox"/> Pain in shoulder (D)	M25.51		

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Patient Name: _____ Date: _____

Others: _____

Treatment Plan and Recommendation:

- ☐ Bed Rest
- ☐ Avoid Physical Activity
- ☒ Physical Therapy
- ☒ The patient advised to attend a supervised physical therapy program on a regular schedule basis 3-5 times a week
- ☐ Application of Synoptic NM Block, continues/reciprocal duration of the treatment 15mins
- ☐ Computerized ROM and MMT examination

The patient advised to use at home:

- | | |
|--|---|
| <input type="checkbox"/> Cervical Collar 2 pc. | <input type="checkbox"/> EMS unit+kit |
| <input type="checkbox"/> Cervical Traction Kit | <input type="checkbox"/> EMS Placement Belt |
| <input type="checkbox"/> Orthopedic Pillow | <input type="checkbox"/> Electric Massager |
| <input type="checkbox"/> Thermophore | <input type="checkbox"/> Orthopedic Elbow Support L R |
| <input type="checkbox"/> Lumbosacral Orthosi | <input checked="" type="checkbox"/> Orthopedic Knee Support L R |
| <input type="checkbox"/> Lumbar Cushion | <input type="checkbox"/> Orthopedic Ankle Support L R |
| <input type="checkbox"/> Orthopedic Car Seat | <input type="checkbox"/> Orthopedic Wrist Support L R |
| <input type="checkbox"/> Orthopedic Bed Board | <input type="checkbox"/> Orthopedic Shoulder Support L R |
| <input checked="" type="checkbox"/> Eggcrate Mattress | <input type="checkbox"/> Infrared Heat Lamp |
| <input checked="" type="checkbox"/> Hot/Cold Pack | <input type="checkbox"/> Pelvic Traction |
| <input type="checkbox"/> Water Circulating Cold/Heat Pad with Pump | <input type="checkbox"/> Cane |

The patient is referred to:

X-Rays of the:

Indications: _____

- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Knee R L
- ☒ Shoulder R L
- ☐ Wrist R L
- ☐ Ankle R L
- ☐ Hip R L
- ☐ Elbow R L

Other: _____

MRI's of the:

Indications: _____

- ☐ Brain
- ☒ Cervical Spine
- ☐ Thoracic Spine
- ☒ Lumbar Spine
- ☒ Knee R L
- ☐ Shoulder R L
- ☐ Wrist R L
- ☐ Ankle R L
- ☐ Hip R L
- ☐ Elbow R L

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Patient Name: _____ Date: _____

Other: _____

The patient prescribed medication: _____

Consults: _____

() EKG

Indications: _____

() Neurology

Indications: _____

() _____

Indications: _____

☒ Follow-up in 3-4 weeks

Prognosis: _____ Excellent; _____ Good; _____ Fair; _____ Poor; ☒ Guarded

Disability:

☒ Patient is partially disabled

_____ Mild 25-49%

_____ Moderate 50-74%

_____ Marked 75-99%

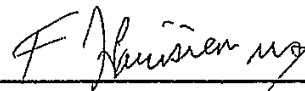
_____ Patient is totally disabled

Casualty:

According to my best judgment, the history given by the patient is accurate and the above mentioned accident seems to be causative factor of patient's symptomology.

DISABILITY & PROGNOSIS:

It is my opinion, based on the history of the patient's symptoms, diagnosis and examination findings that the above noted injuries were sustained/aggravated in the accident that occurred on 1 / 1 / , and the disability resulting from it is/may be of a temporary/permanent nature. The prognosis for a complete recovery is presently (cautiously optimistic/guarded).



JULES F. PARISIEN, M.D.

DR. PERNIER JEAN PIERRE CLAUDE
1552 RALPH AVENUE
BROOKLYN, NY 11236
TEL.: (718) 629-2030

INITIAL REPORT

Patient Name: C.W. Date: 12-27-16
D/A: 12-28-16 Age: 53 Sex: M / F Metal: Y / N Pregnant: Y / N

CHIEF COMPLAINTS

<input checked="" type="checkbox"/> HEAD	<input checked="" type="checkbox"/> SHOULDER <u>R/L</u>	<input type="checkbox"/> HIP R/L
<input type="checkbox"/> CHEST	<input type="checkbox"/> WRIST R/L	<input type="checkbox"/> PELVIS
<input checked="" type="checkbox"/> NECK	<input type="checkbox"/> ELBOW R/L	<input type="checkbox"/> ABDOMEN
<input type="checkbox"/> THORACIC SPINE	<input type="checkbox"/> HAND R/L	<input checked="" type="checkbox"/> KNEE <u>R/L</u>
<input checked="" type="checkbox"/> LOWER BACK	<input type="checkbox"/> ARM R/L	<input type="checkbox"/> ANKLE R/L
<input type="checkbox"/> OTHER: _____		

Pain today is 8-9 on a scale of 0 to 10 (0-none, 10-worst pain)

OTHER COMPLAINTS:

☐ Weakness of _____
☐ Numbness of _____
☐ Radicular pain to _____

HISTORY OF PRESENT ILLNESS:

The patient is a 53 year old male / female. According to the information presented by the patient, he / she was involved in an Motor Vehicle Accident on 12-23-16.

Type of accident: ☒ MUA (NF) ☐ Work-related (WC) ☐ Slip & fall (NEG.)

The patient stated that he / she was the restrained / unrestrained driver / front seat passenger / back seat passenger of a car / van / truck, when it was involved in a collision with another car. Car was struck in the front / rear / side.

Patient was ☐ taken by ambulance ☐ went to None Hospital.

X-rays of none ☐ were done ☐ negative ☐ positive for fractures ☐ were never obtained and were reportedly

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As a result of the impact in the above mentioned accident, the patient sustained injuries to the:

☐ HEAD ☒ SHOULDER R/L ☐ HIP R/L
☐ CHEST ☐ WRIST R/L ☐ PELVIS
☐ NECK ☒ ELBOW R/L ☐ ABDOMEN
☐ THORACIC SPINE ☐ HAND R/L ☒ KNEE R/L
☐ LOWER BACK ☐ ARM R/L ☐ ANKLE R/L
☐ OTHER: _____

Pain is ☐ constant ☒ intermittent ☐ burning ☐ stabbing ☐ sharp ☐ dull ☐ aching
Pain is aggravated by: ☐ lifting ☐ reaching ☐ bending ☐ walking ☐ sitting ☐
☐ standing ☐ pulling ☐ pushing ☐ stairs ☐ driving ☐ writing ☐ typing ☐ moving ☐
other _____
Patient is ☒ R /L handed.

Past Medical History: ☐ None ☒ _____

Past Surgical History: ☐ None ☒ _____

Medications: ☐ None ☒ _____

Allergies: ☐ No known Allergies ☒ _____

Social History: Tobacco ☐ None ☒ _____

Alcohol ☐ None ☒ _____

Drugs ☐ None ☒ _____

PHYSICAL EXAMINATION REVEALED

General Appearance: BP: _____ mm. Pulse: _____ beats/min. RR: _____

☐ Patient is alert and oriented to person place and time; memory is intact;
speech is fluent and coherent.

☐ Patient appears to be in some / moderate / severe distress due to pain and
discomfort.

☒ Patient is in acute distress; but feels quite uncomfortable and tense.

☐ Bruises / Scars / Wounds / Lacerations on _____

Height: 6'2"

Weight: 175

HEENT: Within normal limits.

Pupils: PERRLA

Chest: Clear to P and A

Heart: No murmurs; normal S1, S2, no S3, S4

Abdomen: Soft, non-tender, no organomegaly, and normal active bowel
sounds.

Extremities: No evidence of cyanosis, clubbing or edema.

Neurological exam: Cranial nerves II-XII are intact.

Gait: Normal

Assistive Devices: Cane, Crutches, Walker, Wheel chair

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DEEP TENDON REFLEXES

	<u>LEFT</u>	<u>RIGHT</u>
Biceps	2+	2+
Triceps	2+	2+
Brachioradialis	2+	2+
Patellar	2+	2+
Achilles	2+	2+

SENSORY EXAMINATION

	<u>UPPER EXTREMITY</u>		<u>LOWER EXTREMITY</u>	
	R	L	R	L
Light Touch	+	+	+	+
Pin Prick Sensation	+	+	+	+
Hypoesthesia	+	+	+	+

Cervical Spine:

☐ Normal range of motion, no tenderness on palpation presently
☒ Mild / moderate / severely painful spasm of the paravertebral musculature in the cervical area on the right / left / bilaterally, with radiculopathy from Cervical spine into right / left upper extremity.

SPINE MOTION	NORMAL	R EXAMINATION	L
FLEXION	80	70	60
EXTENSION	70	60	60
ROTATION	80	60	60
LATERAL FLEXION	40	30	30

Thoracic Spine:

☒ Mild / moderate / Severe pain and tenderness on palpation. Restricted ROM due to pain and muscular spasm.
☐ No pain on palpation.

Lumbar Spine:

☐ Normal range of motion, no tenderness on palpation presently
☒ Mild / moderate / severely painful spasm of the paravertebral musculature in the lumbosacral area on the right / left / bilaterally, with radiculopathy from Lumbar spine into right / left upper extremity.

SPINE MOTION	NORMAL	R EXAMINATION	L EXAMINATION
FLEXION	95	70	70
EXTENSION	30	20	20
ROTATION	30	20	20
LATERAL FLEXION	40	30	20

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Heel-Toe Walk: Patient can / cannot do with / without pain / weakness in the back / leg R/L

SLR: Positive / Negative at: RT _____ degrees, LT _____ degrees

Shoulder:

- ☐ Muscle spasm, tenderness and swelling in R ☒ L cervical paraspinal muscles
☐ Spasm and tenderness in supraspinatus and infraspinatus muscles noted.

SHOULDER MOTION	NORMAL	R EXAMINATION	L EXAMINATION
ABDUCTION	180	160	
FORWARD FLEXION	180	160	
EXTENSION	60	40	
INTERNAL ROTATION	90	70	
EXTERNAL ROTATION	90	70	

Drop Arm Test:

☐ Positive R / L ☐ Positive R / L ☐ Painful R/L

Cross Arm Adduction:

☐ Positive R / L ☐ Positive R / L ☐ Painful R/L

Impingement:

☒ Positive R / L ☐ Positive R / L

Knee:

☒ Right / Left: tender at ☐ anterior knee ☐ lateral joint line ☐ medial joint line ☐ popliteal ☐ patella

Swelling:

KNEE MOTION	NORMAL	R EXAMINATION	L EXAMINATION
FLEXION	140	130	
EXTENSION	0	0	

Crepitus: R/L

☒ On range of motion

McMurray Testing:

☐ Painful R/L ☐ Painless R/L ☐ Clicking R/L

Anterior/Posterior Draw Testing:

☐ Negative R/L ☐ Positive R/L ☐ Painful R/L

DIAGNOSIS:

- ☐ 722.00 - Displacement of cervical disc
☐ 722.0 - Cervical intervertebral disc
☐ 723.40- Cervical Disc Degeneration
☐ 723.24- R/O Cervical radiculopathy
☐ 722.1- R/O Cervical Herniated Disc
☐ 723.4- Cervical radiculitis
☒ 728.85- Cervical muscle spasm.
☒ 728.85- Lumbar muscle spasms
☐ 953.0- Cervical root irritation
☒ 846.00- Lumbosacral sprain
☒ 923.00- R/L/B shoulders contusion
☒ 923.11- R/L/B elbow contusion
☐ 722.1- R/O Lumbar herniated disc
☐ 722.10- Lumbar Disc Displacement
☐ 722.52- Lumbar Disc Degeneration
☐ 724.02- Lumbar spinal spindosis
☐ 724.4- Lumbar Disc Syndrome
☐ 724.4- Lumbar radiculitis
☐ 724.40- R/O Lumbosacral
☒ 780.89- Cervical myalgia
☒ 847.0- Cervical sprain/strain
☒ 847.2- Lumbar sprain/strain
☒ 840.9- R/L/B shoulders
☒ 841.9- R/L/B elbow sprain/strain

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- ☐ 923.21- R/L/B wrist contusion ☐ 842.00- R/L/B wrist sprain/strain
☐ 924.01- R/L/B hip contusion ☐ 843.9- R/L/B hip sprain/strain
☐ 924.11- R/L/B knee contusion ☐ 844.9- R/L/B knee sprain/strain
☐ 924.21- R/L/B ankle contusion ☐ 845.0- R/L/B ankle sprain/strain
-
- ☐ 922.1- Contusion of the anterior chest wall and thorax
☐ 850.0- R/O Head concussion
☒ 300.00- Anxiety
☐ 308.9- Posttraumatic stress syndrome

DIAGNOSTIC AND TREATMENT PLAN

1. Physical therapy 3-4 x/week for 4 weeks.
2. Chiropractic care 3-4 x/week
3. Acupuncture evaluation
4. MRI of the brain to R/O intracranial pathology.
5. MRI of the R/L shoulders, elbow, wrist, knee, hip, ankle to R/O ligamentous injury.
6. Neurological evaluation recommended to evaluate cerebral concussion and/or radiculopathy.
7. Psychological evaluation recommended to evaluate posttraumatic stress
8. Range of motion and muscle strength test to determine and monitor progress or dysfunction.
9. FCE to determine patient degree of disability and readiness to return to work.
10. VSNCT tests.
11. Cervical pillow, cervical collar, LSO, Thermophore, Shoulder brace R/L, Elbow brace R/L, Wrist brace R/L, Ankle brace R/L, Knee brace R/L, Bed board with Egg crate mattress, lumbar cushion, car seat, other:
12. Follow-Up in 4 weeks.

MR

(B) Knee
(B) Shoulder

Patient will be periodically evaluated during the course of treatment and the treatment plan will be modified according to the patient individual needs.

Sincerely,

C/O Dr. Pernier
Dr. Pernier Jean-Pierre Claude, MD
License# 157407 DUP

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RENEE ANN DENOBREGA, NP

INITIAL EVALUATION

Re: B.A.M.
DOB: [REDACTED] 1972
DOA: 2-12-17
Date of Evaluation: 2-17-17

ACCIDENT HISTORY:

Type: ☒ MVA ☐ Work Related ☐ Slip and Fall ☐ Other: _____
Where you: ☐ Pedestrian ☐ Passenger ☒ Driver
Traveling in the: ☒ Front Seat ☐ Rear Seat Seat Belt: ☒ Y ☐ N
Injury Happened: ☐ At Work ☐ At Home ☐ MVA ☐ Exact Location: _____
E R Treatment: ☐ Yes ☐ No Hospital Name: Brooklyn - Brookdale
Date Admitted _____ Date discharged _____ ☐ Patient was treated and released
Has patient worked since accident? ☐ No ☒ Yes, returned date: 2-13-17 ☐ Light Duty ☒ Regular duty
Has patient been in a prior accident? ☒ No ☐ Yes, type & when: ☐ MVA _____ ☐ WC _____

PRESENT COMPLAINTS:

• Headache / Dizziness / Nausea / Vomiting / Insomnia / Nervousness / Anxiety / Depression / Blurring Vision / Balance Disturbance / Fever / Chills / Night Sweats / Weight Gains / Weight Loss / Others

- Chest Pain / Tenderness / Tingling
- Difficulty of Breathing
- Neck pain with ☒ upper extremity radiating pain and parasthesia
- Tingling sensation in the right/left both arms/ forearms/ fingers
- Upper back pain
- Low back pain with ☒ lower extremity radiating pain and parenthesis
- Numbness / weakness / tingling to the right/ left/ both legs / feet/ toes
- Pain in the scalp / Face / Chest / Abdomen / ☐ Shoulder / ☐ elbow / ☐ Wrist / ☐ Hand/ ☐ hip / ☒ Knee / ☐ Ankle / ☐ Foot / Other left hand pain

Pain Descriptive:

_sharp; _stabbing; _shooting; _burning; ☒ aching; _tingling; _numbness; _pulsating; _____
_constant; ☒ intermittent; _occasional

How many hours per day patient has pain _____

How many days per week patient has pain daily

What activities are most affected by pain sitting to standing

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Patient Name: _____ Date: _____

Activity level is:

- ☒ unchanged
☒ diminished
☐ significantly restricted
☐ pain with manual labor
☐ unable to perform daily household chores

Where is pain worst?

neck: _____ back: _____ R/L leg: _____ R/L arm: _____
(other)

Pain scale (1-10): 0-No pain: 1-3 Minimal: 4-6 Moderate; 7-9 Intense: 10 Emergency

Neck 5
Back 5 *Left knee 5*
Arm _____ *Left wrist 5*
Leg _____

What makes pain worst?

standing: _____ lack of sleep: _____ reaching overhead: _____ sitting: _____ ☒ laying down: _____ coughing: _____ walking: _____ lifting: _____ sneezing: _____
bending: _____ weather: _____ tension: _____ driving: _____ Housework activity: _____ arising from chairs: _____ other: _____

Severe night time pain YES/NO

Waking up in the middle of the night because of pain YES/NO if yes how many times _____

PAST MEDICAL HISTORY:

- ☒ There is no significant past medical history
☐ There is a history of (HTN, Diabetes, Asthma, Osteoarthritis) other: _____
☐ Medication _____

PAST SURGICAL HISTORY:

- ☒ There is no significant past medical history
☐ There is a history of _____

Allergies:

☒ YES

☐ NO

Seasonal allergies

EMPLOYMENT HISTORY:

The patient had not been employed / The patient has been employed prior to the accident.

The patient has / has not been able to return to work.

REVIEW OF SYSTEM:

- ☒ Constitutional Symptoms
☒ fever; weight loss; other _____
☒ Eyes
☒ Ears _____; Nose _____; Mouth _____; Throat _____
☒ Cardiovascular _____
☒ Gastrointestinal _____
☒ Genitourinary _____

- See exam*
Musculoskeletal _____
Integumentary (skin _____; breast _____)
Neurological _____
Psychiatric _____
Endocrine _____
Hematologic/Lymphatic _____
Allergic / Immunologic _____

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Patient Name: _____ Date: _____

PHYSICAL EXAMINATION

VITAL SIGNS: BP: _____ WT: ^{200lbs} HT: ^{6'6"} T°: _____ RR: _____ PULSE: _____ SPO2%: _____

HEENT:

The head is normocephalic. There is full range of extra ocular muscle and a normal light reflex. No nystagmus is noted. External canals and tympanic membranes are normal. Hearing is normal. The tongue protrudes in the midline. He/She complains of headaches.

SKIN:

The skin is intact. No ecchymosis laceration or abrasions are noted.

CHEST & LUNGS EXAMINATION:

The heart size seemed to be normal. The PMI was normal. No murmur, gallop, thrill or rub was noted. The rhythm was regular. Checked pulses were synchronous and equal bilaterally.

ABDOMEN:

The abdomen was flat. No scar was noted. Palpitation was normal, non-tender in all quadrants. No organomegaly was noted.

EXAMINATION:

Cervical Spine ☐ NORMAL

Examination of the cervical spine showed loss of the normal lordosis. Tenderness, spasm and stiffness were noted on palpation of the posterior occipital, paraspinals and trapezius muscle. Range of motion was limited, restricted and painful.

Cervical ROM	Normal	Patient	Quantity
Flexion	50°	35	Severe / Moderate
Extension	60°	40	Severe / Moderate
Right Lateral Flexion	45°	25-30	Severe / Moderate
Left Lateral Flexion	45°	25-30	Severe / Moderate
Right Rotation	80°	60	Severe / Moderate
Left Rotation	80°	60	Severe / Moderate

The points were also elicited at C3, C4, C5, C6, C7 levels. The soto hall (force flexion of the head and the neck upon the sternum) elicited pain. Cervical distraction test was positive indicating the presence of a spinal nerve root compression. Manual testing of muscle strength was positive. Pinprick and touch was abnormally decreased over the night left arm. The patient had difficulties looking up to the ceiling because of spasm and stiffness of the cervical musculature.

- ☐ Hypersensitive bundle/nodule present
- ☐ Pain elicited when palpated
- ☐ Radiation of pain when palpated
- ☐ "Jump Sign" when palpated
- ☐ Twitch response when palpated

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B.A.M.

666

Date: 2-17-17

Patient Name: _____

THORACIC SPINE:☒ NORMAL

There was pain/no pain on deep inspiration. Tenderness/no tenderness on palpation over the paraspinals and/or the angle of the ribs were noted. Range of motion was/was not limited.

- ☐ Hypersensitive bundle/nodule present
- ☐ Pain elicited when palpated
- ☐ Radiation of pain when palpated
- ☐ "Jump Sign" when palpated
- ☐ Twitch response when palpated

LUMBAR SPINE:☐ NORMAL

Muscle spasm was noted on palpation. ~~Visualized muscle spasm and diffuse tenderness are noted over the paraspinal erector spinales, iliocostalis lumborum, the Multifundi the gluteus muscles and the latissimus dorsi, radiating to the sciatic notches, the RIGHT/LEFT hip, THE LOWER EXTREMETIES, limiting the back range of motion more than ___% of normal.~~

Spinal ROM	Normal	Patient	Quantity
Pelvic Sacral Angle	45°		Severe / Moderate
Flexion	90°		Severe / Moderate
Extension	30°		Severe / Moderate
Right Lateral Flexion	35°		Severe / Moderate
Left Lateral Flexion	35°		Severe / Moderate

Tender appoints were elicited at L2, L3, L4, L5-S1 levels. Straight leg raising test was positive on the right/left/bilaterally.

- ☐ Hypersensitive bundle/nodule present
- ☐ Pain elicited when palpated
- ☐ Radiation of pain when palpated
- ☐ "Jump Sign" when palpated
- ☐ Twitch response when palpated

SHOULDER:☒ NORMAL

The left/right shoulder was painful, spastic and restricted on palpation and mobilization of the deltoid muscles and the AC joints. Crepitation was felt on palpation and mobilization of the acromioacetabular joints. Trigger points were elicited on palpation of the supraspinatus, infraspinatus deltoid, biceps brachii muscles causing severe limitation and pain on motion. The range of motion was limited and painful..

Shoulder ROM	Normal	R	L	Quantity
Abduction	180°			Severe / Moderate
Forward Flexion	180°			Severe / Moderate
Extension	60°			Severe / Moderate
Internal Rotation	90°			Severe / Moderate
External Rotation	90°			Severe / Moderate

Hand to shoulder blade test was positive. Apley's scratch test was positive. The patient complains of shoulder pain on the left/right side was unable to reach behind to a back pocket and in front to comb hair or brush teeth.

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B.A.M.

Patient Name: _____ Date: 2-17-17

ELBOW / WRIST / HAND:

☐ NORMAL

left wrist limited ROM, pain & palpation along
medial nerve.

HIP:

☒ NORMAL

Swelling, hematoma and bruises were noted over lateral/anterior aspect of the left/right thigh. Tenderness was also noted on palpation of the sacroiliac area. Trigger points were elicited on palpation of the left/right gluteus medius. The range of motion was limited and painful. Ely's and to buttock test was positive. Thomas test was positive.

Hip ROM	Normal	R	L	Quantity
Flexion	120°			Severe / Moderate
Extension	35°			Severe / Moderate
Abduction	50°			Severe / Moderate
Adduction	30°			Severe / Moderate
Internal Rotation	35°			Severe / Moderate
External Rotation	45°			Severe / Moderate

KNEE:

☐ NORMAL

Swelling, hematoma and bruises were noted over anterior / posterior / lateral aspect of the left / right knee. Tenderness was also noted on palpation of the medial/lateral aspect. Range of motion was limited and painful.

Knee ROM	Normal	R	L	Quantity
Flexion	135°		95	Severe / Moderate
Extension	10°		5	Severe / Moderate
Internal Tibial Rotation	30°		15	Severe / Moderate
External Tibial Rotation	45°		20	Severe / Moderate

Weakness

discomfort

ANKLE:

☒ NORMAL

Swelling, hematoma and bruises were noted over anterior / posterior / malleolar aspect of the left/right ankle. Tenderness was also noted on palpation of the medial/lateral aspect. Range of motion was limited and painful.

Ankle ROM	Normal	R	L	Quantity
Dorsi Flexion	20°			Severe / Moderate
Plantar Flexion	50°			Severe / Moderate
Inversion	15°			Severe / Moderate
Eversion	15°			Severe / Moderate

FOOT:

☒ NORMAL

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Patient Name: _____ Date: _____

Diagnostic Impression:

<input type="checkbox"/> Post-Traumatic Headache	G44.3	<input checked="" type="checkbox"/> Pain in Wrist	M25.53
<input type="checkbox"/> Acute Post-traumatic Headache	G44.31	<input checked="" type="checkbox"/> Pain in Knee	M25.56
<input type="checkbox"/> Chest Pain Unspecified	R07.9	<input type="checkbox"/> Pain in Ankle and Joints of Foot	M25.57
<input type="checkbox"/> Concussion Without Loss of Consciousness, Initial Encounter	S06.0X0A	<input type="checkbox"/> Sprain of Shoulder Joint	S43.4
<input type="checkbox"/> Concussion With Loss of Consciousness Of Unspecified Duration	S06.0X9	<input type="checkbox"/> Sprain of Collateral Ligament of Knee	S83.4
<input type="checkbox"/> Other Dorsalgia	M54.89	<input type="checkbox"/> Sprain of Cruciate Ligament of Knee	S83.5
<input checked="" type="checkbox"/> Low Back Pain	M54.5	<input type="checkbox"/> Sprain of Other Specified Parts of Knee	S83.8
<input checked="" type="checkbox"/> Cervicalgia	M54.2	<input type="checkbox"/> Tear of Articular Cartilage of Knee, Current	S83.3
<input type="checkbox"/> Lumbago with Sciatica	M54.4	<input type="checkbox"/> Tear of Meniscus, Current Injury	S83.2
<input type="checkbox"/> Sciatica	M54.3	<input type="checkbox"/> Internal Derangement of Knee	M23
<input type="checkbox"/> Radiculopathy, Site Unspecified	M54.10	<input type="checkbox"/> Elevated blood-pressure reading, Without diagnosis of hypertension	R03.0
<input type="checkbox"/> Radiculopathy, Cervical Region	M54.12	<input type="checkbox"/> Contusion of Right Thigh, Initial Encounter	S70.11XA
<input type="checkbox"/> Radiculopathy, Cervicothoracic Region	M54.13	<input type="checkbox"/> Contusion of Left Thigh, Initial Encounter	S70.12XA
<input type="checkbox"/> Radiculopathy, Thoracic Region	M54.14	<input type="checkbox"/> Acute Stress Reaction	F43.0
<input type="checkbox"/> Radiculopathy, Thoracolumbar Region	M54.15	<input type="checkbox"/> Other Cervical Disc Displacement, Unspecified Cervical Region	M50.20
<input type="checkbox"/> Radiculopathy, Lumbar Region	M54.16	<input type="checkbox"/> Other Cervical Disc Displacement, High Cervical Region	M50.21
<input type="checkbox"/> Radiculopathy, Lumbosacral Region	M54.17	<input type="checkbox"/> Other Cervical Disc Displacement, Mid-Cervical Region	M50.22
<input type="checkbox"/> Radiculopathy, Sacral and Sacrococcygeal Region	M54.18	<input type="checkbox"/> Other Cervical Disc Displacement, Cervicothoracic Region	M50.23
<input type="checkbox"/> Fusion of Spine, Cervical Region	M43.22	<input type="checkbox"/> Other Cervical Disc Degeneration	M50.3
<input type="checkbox"/> Fusion of Spine, Cervicothoracic Region	M43.23	<input type="checkbox"/> Other Intervertebral Disc Displacement, Thoracic Region	M51.24
<input type="checkbox"/> Fusion of Spine, Thoracic Region	M43.24	<input type="checkbox"/> Other Intervertebral Disc Displacement, Thoracolumbar Region	M51.25
<input type="checkbox"/> Fusion of Spine Thoracolumbar Region	M43.25	<input type="checkbox"/> Other Intervertebral Disc Displacement, Lumbar Region	M51.26
<input type="checkbox"/> Fusion of Spine, Lumbar Region	M43.26	<input type="checkbox"/> Other Intervertebral Disc Displacement, Lumbosacral Region	M51.27
<input type="checkbox"/> Fusion of Spine, Lumbosacral Region	M43.27	<input type="checkbox"/> Other Thoracic, Thoracolumbar and Lumbosacral Intervertebral Disc Degeneration	M51.3
<input type="checkbox"/> Dorsopathy, Unspecified	M53.9	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Shoulder	M65.81
<input type="checkbox"/> Sprain of Ligaments of Cervical Spine, Initial Encounter	S13.4XXA	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Upper Arm	M65.82
<input type="checkbox"/> Sprain of Ligaments of Thoracic Spines, Initial Encounter	S23.3XXA	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Forearm	M65.83
<input type="checkbox"/> Sprain of Ligaments of Lumbar Spine, Initial Encounter	S33.5XXA	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Hand	M65.84
<input type="checkbox"/> Sprain of Other Parts of Lumbar Spine and Pelvis, Initial Encounter	S33.8XXA	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Thigh	M65.85
<input type="checkbox"/> Other Specific Joint Derangements of Shoulder, Not Elsewhere Classified	M24.81	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Lower Leg	M65.86
<input type="checkbox"/> Other Specific Joint Derangements of Elbow, Not Elsewhere Classified	M24.82	<input type="checkbox"/> Other Synovitis and Tenosynovitis, Ankle and Foot	M65.87
<input checked="" type="checkbox"/> Other Specific Joint Derangements of Wrist, Not Elsewhere Classified	M24.83	<input type="checkbox"/> Medial Epicondylitis	M77.0
<input type="checkbox"/> Other Specific Joint Derangements of Hand, Not Elsewhere Classified	M24.84	<input type="checkbox"/> Lateral Epicondylitis	M77.1
<input type="checkbox"/> Other Specific Joint Derangements of Hip, Not Elsewhere Classified	M24.85		
<input type="checkbox"/> Other Specific Joint Derangements of Ankle and Foot, Not Elsewhere Classified	M24.87		
<input type="checkbox"/> Pain in Hip	M25.55		
<input type="checkbox"/> Pain in Shoulder	M25.52		

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Patient Name: _____ Date: 2-17-17

Others: _____

Treatment Plan and Recommendation:

- ☐ Bed Rest
- ☐ Avoid Physical Activity
- ☒ Physical Therapy
- ☒ The patient advised to attend a supervised physical therapy program on a regular schedule basis 3-5 times a week
- ☐ Application of Synoptic NM Block, continues/reciprocal duration of the treatment 15mins
- ☐ Computerized ROM and MMT examination

The patient advised to use at home:

- | | |
|---|---|
| <input type="checkbox"/> Cervical Collar 2 pc. | <input type="checkbox"/> EMS unit+kit |
| <input type="checkbox"/> Cervical Traction Kit | <input type="checkbox"/> EMS Placement Belt |
| <input checked="" type="checkbox"/> Cervical Pillow | <input type="checkbox"/> Electric Massager |
| <input type="checkbox"/> Advanced Cervical Collar | <input type="checkbox"/> Orthopedic Elbow Support L R |
| <input type="checkbox"/> Lumbosacral Orthosi | <input checked="" type="checkbox"/> Orthopedic Knee Support <u>L</u> R |
| <input checked="" type="checkbox"/> Lumbar Cushion | <input type="checkbox"/> Orthopedic Ankle Support L R |
| <input checked="" type="checkbox"/> Orthopedic Car Seat | <input checked="" type="checkbox"/> Orthopedic Wrist Support <u>L</u> R |
| <input type="checkbox"/> Orthopedic Bed Board | <input type="checkbox"/> Orthopedic Shoulder Support L R |
| <input checked="" type="checkbox"/> Eggcrate Mattress | <input type="checkbox"/> Infrared Heat Lamp |
| <input checked="" type="checkbox"/> Heating Pad | <input type="checkbox"/> Pelvic Traction |
| <input type="checkbox"/> Hydrotherapy | <input type="checkbox"/> Cane |

The patient is referred to:

X-Rays of the:

Indications: _____

- ☐ Cervical Spine
- ☐ Thoracic Spine
- ☐ Lumbar Spine
- ☐ Knee R L
- ☐ Shoulder R L
- ☐ Wrist R L
- ☐ Ankle R L
- ☐ Hip R L
- ☐ Elbow R L

Other: _____

MRI's of the:

Indications: _____

- ☐ Brain-
- ☒ Cervical Spine *trapezius muscle firmness*
- ☐ Thoracic Spine *⊕ limited ROM, stiffness*
- ☒ Lumbar Spine *P musculature*
- ☒ Knee R L *limited ROM, likely positive straight leg.*
- ☐ Shoulder R L *noted weakness,*
- ☐ Wrist R L *pain & palpation*
- ☐ Ankle R L *pain/discomfort &*
- ☐ Hip R L *ROM. ⊕ Lachmans*
- ☐ Elbow R L

Patient Name: _____ Date: _____

The patient prescribed medication: _____

Consults: _____

() EKG

Indications: _____

() Neurology

Indications: _____

() _____

Indications: _____

☒ Follow-up in 3-4 weeks

Prognosis: _____ Excellent; _____ Good; _____ Fair; _____ Poor; ☒ Guarded

Disability:

☐ Patient is partially disabled

☐ Mild 25-49%

☐ Moderate 50-74%

☐ Marked 75-99%

☐ Patient is totally disabled

Casualty:

According to my best judgment, the history given by the patient is accurate and the above mentioned accident seems to be causative factor of patient's symptomology.

DISABILITY & PROGNOSIS:

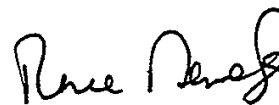
It is my opinion, based on the history of the patient's symptoms, diagnosis and examination findings that the above noted injuries were sustained/aggravated in the accident that occurred on __/__/__, and the disability resulting from it is/may be of a temporary/permanent nature. The prognosis for a complete recovery is presently (cautiously optimistic/guarded).

DISCHARGE:

The patient was discharged from treatment on _____ because

☐ Patient's no-fault benefits was cut off

☐ Patient has reached the medical maximum improvement



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Patient Name: B.A.M. Date: 2-17-17

TREATMENT:

Patient rate average pain on a comfort level at: _____ base on a scale of 0 to 10. No comfort (zero) to well (ten).

The following treatment modalities are being applied individually or in combination to decreased pain and improve function and quality of life:

- ☐ Nerve Block Injections:
Indications: _____
- ☐ Trigger Point Injections:
Indications: _____
- ☒ Dry Needling: C spine + L spine tension spasms, stiffness, firmness
Indications: _____
- ☒ Facet Joint Injections: Left knee effusion
Indications: _____
- ☐ Platelet Rich Plasma Injections:
Indications: _____
- ☐ Epidural Injections:
Indications: _____

After obtaining verbal consent the patient received trigger point/nerve block injections to the following areas:

- ☐ Surface anatomy technique
- ☐ Radiology anatomy technique (C-Arm)

USING: ☐ Lidocaine ☒ Depomedrol 40 mg/cc ☐ 0.25% Marcaine ☐ 0.25% Sensorcaine ☒ 0.25% Bupivacaine

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Patient Name: _____ Date: _____

RT	LT	HEAD AND NECK MUSCLES
2	2	Trapezius Muscle
		Sternocleidomastoid Muscle
		Masseter Muscle
		Temporalis Muscle
		Media (Internal) Pterygoid Muscle
		Lateral (External) Pterygoid Muscle
		Digastric Muscle
		Cutaneous II: Occipitofrontalis
2	2	Splenius Capitis & Splenius Cervicis Muscles
2	2	Posterior Cervical Muscle
2	2	Semispinal Capitis, Semispinalis Cervicis & Multifidus
2	2	Suboccipital Muscles
		Recti Capitis Posterior Major & Minor, Obliqui Inferior and Superior

RT	LT	LUMBAR PARASPINAL MUSCLES
2	2	Erectors Spinales
2	2	Iliocostalis Thoracicus
2	2	Iliocostalis Lumborum
2	2	Semispinalis
2	2	Multifidi Muscles
2	2	Rotatores Muscle
2	2	Gluteus Muscles
2	2	Quadratus Lumborum
2	2	Longissimus

RT	LT	ELBOW TO FINGER MUSCLES
		Hand extensor & brachioradialis muscles
		Finger Extensor Muscles
		Extensor Digitorum & Extensor Indicis
		Supinator Muscle
		Hand & Finger Flexors in the Forearm
		Flexores Carpi Radialis & Ulnaris, Flexores Digitorum
		Superficialis & Profundus, Flexor Pollicis
		Longus (Pronator Teres)
		Adductor & Opponens Pollicis Muscles; Trigger Thumb
		Interosseous Muscles of the Hand
		Hand extensor & brachioradialis muscles

RT	LT	UPPER, BACK, SHOULDER AND ARM MUSCLES
2	2	Levator Scapulae Muscle
		Scalene Muscles
		Supraspinatus Muscle
		Infraspinatus Muscle
		Teres Minor Muscle
		Teres Major Minor
		Latissimus Dorsi Muscle
		Subscapularis Muscle
		Rhomboideus Major & Minor Muscle
		Deltoid Muscle
		Coracobrachialis Muscle
		Biceps Brachii Muscle
		Brachialis Muscle

RT	LT	TORSO MUSCLES
		Pectoralis Major Muscle (Subclavius Muscle)
		Pectoralis Minor Muscle
		Sternalis Muscle
		Serratus Posterior Superior Muscle
		Serratus Anterior Muscle
		Serratus Posterior Inferior Muscle
		Thoracolumbar Paraspinal Muscles
		Abdominal Muscles

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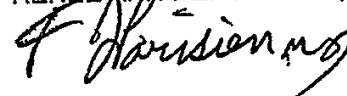
Patient Name: _____ Date: _____

CODE	DESCRIPTION	RIGHT	LEFT
<input type="checkbox"/> 64412	Injection, anesthetic agent; spinal accessory nerve		
<input type="checkbox"/> 64413	Injection, anesthetic agent; cervical plexus		
<input type="checkbox"/> 64405	Injection, anesthetic agent; occipital nerve		
<input type="checkbox"/> 64450	Injection, anesthetic agent; peripheral nerve or brunch		
<input type="checkbox"/> 64418	Injection, anesthetic agent; suprascapular nerve		
<input type="checkbox"/> 64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves		
<input type="checkbox"/> 64421	Injection, anesthetic agent; intercostal nerves, multiple, regional		
<input type="checkbox"/> 20552	Injection one or two muscles		
<input type="checkbox"/> 20553	Injection three or more muscles		

CODE	DESCRIPTION	RIGHT	LEFT
<input checked="" type="checkbox"/> 20999	Dry Needling	30	30
<input type="checkbox"/> 76942	Ultrasound		
<input type="checkbox"/>	Platelet Rich Plasma Injection		
<input type="checkbox"/> 20610	Intra Articular/Injection Shoulder		
<input checked="" type="checkbox"/> 20610	Intra Articular Injection Knee		
<input type="checkbox"/> 64633	C-Spine Facet Joint Injection Single		
<input type="checkbox"/> 64634	C Facet Joint Injection Additional		
<input type="checkbox"/> 64633	T-Facet Joint Injection Single		
<input type="checkbox"/> 64634	T Facet Joint Injection Additional		
<input type="checkbox"/> 64635	L-Facet Joint Injection Single		
<input type="checkbox"/> 64636	L Facet Joint Injection Additional		
<input type="checkbox"/> 64635	S-Facet Joint Injection Single		
<input type="checkbox"/> 64636	S Facet Joint Injection Additional		
<input type="checkbox"/> 97026	Application of a modality to 1 or more areas; Infrared		



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Patient Name: _____ Date: _____

Number of cartridge injected:

A sterile field was created over the regions to be injected. The skin was prepped with Betadine. The areas to be injected were cleaned with alcohol, the patient's skin was sprayed with topical anesthetic ethyl chloride, and each area/trigger point was injected with 0.5cc of 0.5% Marcaine via 3cc syringe with a 1- 1/2 x 25G sterile hypodermic needle. Needling was performed to further breakup the trigger points.

- ☒ Patient tolerated the procedure well
- ☐ Patient developed a mild transient lightheadedness of a few minutes duration
- ☐ No complications, no complains
- ☐ Other: _____

Physician's Signature: _____

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Jules F. Parisien, M.D.

INITIAL EVALUATION

Re: F.P.
DOB: [REDACTED] 86.
DOA: 1-9-16.
Date of Evaluation: 1-12-16.

ACCIDENT HISTORY:

Type: ☒ MVA ☐ Work Related ☐ Slip and Fall ☐ Other: _____
Where you: ☒ Pedestrian ☒ Passenger ☐ Driver
Traveling in the: ☐ Front Seat ☐ Rear Seat Seat Belt: ☐ Y ☐ N
Injury Happened: ☐ At Work ☐ At Home ☐ MVA ☒ Exact Location: shopping
E R Treatment: ☐ Yes ☒ No Hospital Name: _____
Date Admitted _____ Date discharged _____ ☐ Patient was treated and released
Has patient worked since accident? ☒ No ☐ Yes, returned date: _____ ☐ Light Duty ☐ Regular duty
Has patient been in a prior accident? ☒ No ☐ Yes, type & when: ☐ MVA _____ ☐ WC _____
Student

PRESENT COMPLAINTS:

- Headache / Dizziness / Nausea / Vomiting / Insomnia / Nervousness / Anxiety / Depression / Blurring Vision / Balance Disturbance / Fever / Chills / Night Sweats / Weight Gains / Weight Loss / Others
- Chest Pain / Tenderness / Tingling
- Difficulty of Breathing
- ✓ Neck pain with () upper extremity radiating pain and parasthesia
- Tingling sensation in the right/left both arms/ forearms/ fingers
- ✓ Upper back pain L > R
- ✓ Low back pain with () lower extremity radiating pain and parenthesis
- Numbness / weakness / tingling to the right/ left/ both legs / feet/ toes
- ✓ Pain in the scalp / Face / Chest / Abdomen / (L) Shoulder / () elbow / (L) Wrist / () Hand / () hip / (L) Knee / () Ankle / () Foot / Other _____

Pain Descriptive:

✓ sharp; ☒ stabbing; ☒ shooting; ☒ burning; ☒ aching; ☒ tingling; ☒ numbness; ☒ pulsating; _____
✓ constant; ☒ intermittent; ☒ occasional

How many hours per day patient has pain 12

How many days per week patient has pain 7

What activities are most affected by pain _____

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Patient Name: _____ Date: _____

Activity level is:

- ☐ unchanged
☒ diminished
☐ significantly restricted
☐ pain with manual labor
☐ unable to perform daily household chores

Where is pain worst?

☒ neck; ☒ back; ☐ R/L leg; ☐ R/L arm; _____
(other)

Pain scale (1-10): 0-No pain: 1-3 Minimal: 4-6 Moderate; 7-9 Intense: 10 Emergency

☒ Neck 6
☒ Back 6
☒ Arm 6 shoulder
☒ Leg 6 knee

What makes pain worst?

☐ standing; ☐ lack of sleep; ☒ reaching overhead; ☐ sitting; ☐ laying down; ☒ coughing; ☒ walking; ☐ lifting; ☐ sneezing;
☒ bending; ☐ weather; ☐ tension; ☐ driving; Housework activity; ☐ arising from chairs; _____ other

Severe night time pain **YES/NO**

Waking up in the middle of the night because of pain **YES/NO** if yes how many times ____

PAST MEDICAL HISTORY:

- ☒ There is no significant past medical history
☐ There is a history of (HTN, Diabetes, Asthma, Osteoarthritis) other: _____
☐ Medication _____

PAST SURGICAL HISTORY:

- ☒ There is no significant past medical history
☐ There is a history of _____

Allergies: ☐ YES ☒ NO

EMPLOYMENT HISTORY:

The patient had ~~not~~ been employed / The patient has been employed prior to the accident.
The patient has / has not been able to return to work.

REVIEW OF SYSTEM:

☐ Constitutional Symptoms (fever; weight loss; other ____)

☐ Eyes

☐ Ears ____; ☐ Nose ____; ☐ Mouth ____; ☐ Throat

☐ Cardiovascular

☐ Gastrointestinal

☐ Genitourinary

☒ Musculoskeletal Pain + tenderness, etc - c/s, l/s, @ shoulder @ knee

☐ Integumentary (skin ____; breast ____)

☐ Neurological

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Patient Name: _____ Date: _____

☐ Psychiatric
☐ Endocrine
☐ Hematologic/Lymphatic
☐ Allergic / Immunologic

PHYSICAL EXAMINATION

VITAL SIGNS: BP: _____ WT: 188 HT: 5'6" T°: _____ RR: _____ PULSE: _____ SPO2%: _____

HEENT:

The head is normocephalic. There is full range of extra ocular muscle and a normal light reflex. No nystagmus is noted. External canals and tympanic membranes are normal. Hearing is normal. The tongue protrudes in the midline. He/She complains of headaches.

SKIN:

The skin is intact. No ecchymosis laceration or abrasions are noted.

CHEST & LUNGS EXAMINATION:

The heart size seemed to be normal. The PMI was normal. No murmur, gallop, thrill or rub was noted. The rhythm was regular. Checked pulses were synchronous and equal bilaterally.

ABDOMEN:

The abdomen was flat. No scar was noted. Palpitation was normal, non-tender in all quadrants. No organomegaly was noted.

EXAMINATION:

Cervical Spine

☐ NORMAL

Examination of the cervical spine showed loss of the normal lordosis. Tenderness, spasm and stiffness were noted on palpitation of the posterior occipital, paraspinals and trapezius muscle. Range of motion was limited, restricted and painful.

Cervical ROM	Normal	Patient	Quantity
Flexion	50°	<u>45</u>	Severe / Moderate
Extension	60°	<u>50</u>	Severe / Moderate
Right Lateral Flexion	45°	<u>40</u>	Severe / Moderate
Left Lateral Flexion	45°	<u>40</u>	Severe / Moderate
Right Rotation	80°	<u>70</u>	Severe / Moderate
Left Rotation	80°	<u>70</u>	Severe / Moderate

The points were also elicited at C3, C4, C5, C6, C7 levels. The soto hall (force flexion of the head and the neck upon the sternum) elicited pain. Cervical distraction test was positive indicating the presence of a spinal nerve root compression. Manual testing of muscle strength was positive. Pinprick and touch was abnormally decreased over the right left arm. The patient had difficulties looking up to the ceiling because of spasm and stiffness of the cervical musculature.

THORACIC SPINE:

☐ NORMAL

There was pain/no pain on deep inspiration. Tenderness/no tenderness on palpation over the paraspinals and/or the angle of the ribs were noted. Range of motion was/was not limited.

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Patient Name: _____ Date: _____

LUMBAR SPINE: ☐ NORMAL

Muscle spasm was noted on palpation. Visualized muscle spasm and diffuse tenderness are noted over the paraspinal erector spinae, iliocostalis lumborum, the Multifidus the gluteus muscles and the latissimus dorsi, radiating to the sciatic notches, the RIGHT/LEFT hip, THE LOWER EXTREMITIES, limiting the back range of motion more than ___% of normal.

Spinal ROM	Normal	Patient	Quantity
Pelvic Sacral Angle	45°	40	Severe / Moderate
Flexion	90°	80	Severe / Moderate
Extension	30°	25	Severe / Moderate
Right Lateral Flexion	35°	30	Severe / Moderate
Left Lateral Flexion	35°	30	Severe / Moderate

Tender points were elicited at L2, L3, L4, L5-S1 levels. Straight leg raising test was positive on the right/left/bilaterally.

- ☐ The Braggard's test was positive indicating the presence of a disc protrusion in the lumbar spine with nerve root irritation.
- ☐ The Kemp's test (rotation and oblique backward bending of the standing patient) was positive indicating the presence of a disc protrusion, nerve root impingement, sprain or disc herniation of the lumbar spine.
- ☐ The Lassegue straight leg raising test was positive indication a disc lesion, nerve root impingement or disc herniation of the lumbar spine.
- ☐ The bilateral leg raise test was positive confirming a severe sprain or disc pathology in the lumbar spine.
- ☐ The Ely's heel buttock test was positive corroborating a lesion of the lumbar nerve roots.
- ☐ The Naclis heel to contralateral buttock test was positive indicating a lesion of the lumbar nerve root.
- ☐ The heel walk test was weak when the patient walks several steps on the heel indicating a lesion of the fibers of the L5 nerve root.
- ☐ The toe walk test was weak on the right side indicating a lesion at L5-S1 root level.

ELBOW / WRIST / HAND: ☐ NORMAL

SHOULDER: ☐ NORMAL

The left/right shoulder was painful, spastic and restricted on palpation and mobilization of the deltoid muscles and the AC joints. Crepitation was felt on palpation and mobilization of the acromioacetabular joints. Trigger points were elicited on palpation of the supraspinatus, infraspinatus deltoid, biceps brachii muscles causing severe limitation and pain on motion. The range of motion was limited and painful..

Shoulder ROM	Normal	R	L	Quantity
Abduction	180°		120	Severe / Moderate
Forward Flexion	180°		70	Severe / Moderate
Extension	60°		50	Severe / Moderate
Internal Rotation	90°		80	Severe / Moderate
External Rotation	90°		45	Severe / Moderate

Hand to shoulder blade test was positive. Apley's scratch test was positive. The patient complains of shoulder pain on the left/right side was unable to reach behind to a back pocket and in front to comb hair or brush teeth.

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Patient Name: _____ Date: _____

HIP: ☐ NORMAL

Swelling, hematoma and bruises were noted over lateral/anterior aspect of the left/right thigh. Tenderness was also noted on palpation of the sacroiliac area. Trigger points were elicited on palpation of the left/right gluteus medius. The range of motion was limited and painful. Ely's test to buttock test was positive. Thomas test was positive.

Hip ROM	Normal	R	L	Quantity
Flexion	120°			Severe / Moderate
Extension	35°			Severe / Moderate
Abduction	50°			Severe / Moderate
Adduction	30°			Severe / Moderate
Internal Rotation	35°			Severe / Moderate
External Rotation	45°			Severe / Moderate

KNEE: ☐ NORMAL

Swelling, hematoma and bruises were noted over anterior / posterior / lateral aspect of the left/right knee. Tenderness was also noted on palpation of the medial/lateral aspect. Range of motion was limited and painful.

Knee ROM	Normal	R	L	Quantity
Flexion	135°		130	Severe / Moderate
Extension	10°		10	Severe / Moderate
Internal Tibial Rotation	30°		25	Severe / Moderate
External Tibial Rotation	45°		40	Severe / Moderate

ANKLE: ☒ NORMAL

Swelling, hematoma and bruises were noted over anterior / posterior / malleolar aspect of the left/right ankle. Tenderness was also noted on palpation of the medial/lateral aspect. Range of motion was limited and painful.

Ankle ROM	Normal	R	L	Quantity
Dorsi Flexion	20°			Severe / Moderate
Plantar Flexion	50°			Severe / Moderate
Inversion	15°			Severe / Moderate
Eversion	15°			Severe / Moderate

FOOT: ☐ NORMAL

Diagnostic Impression:

☐ Headaches 784.0
☐ Chest Pain 786.50
☐ Post Concussion Syndrome 850.9
☐ Back Pain Unspecified 724.5
☒ Back Sprain/Strain 847.9
☐ Cervical Derangement 724.9
☒ Cervical Sprain/Strain 847.0
☐ Cervicalgia 732.1

☐ Post Traumatic Cervico-Thoracic Myofascitis 723.4
☐ Acute Traumatic Cervical Radiculitis 724.4
☐ Thoracic Sprain/Strain 847.1
☐ Acute Traumatic Lumbosacral Radiculitis 724.4
☐ R/O Lumbar Disc Herniation 722.73
☐ Lumbar Derangement 724.9
☒ Post-Traumatic Lumbar Myofascitis 724.2
☒ Lumbar Sprain/Strain 847.2

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Patient Name: _____ Date: _____

<input type="checkbox"/> Acute Traumatic Cervical Radiculitis	729.1	<input type="checkbox"/> Sacral Sprain/ Strain	847.3
<input type="checkbox"/> R/O Cervical Disc Hemiation	722.71	<input type="checkbox"/> Contusion Thigh/Hip	924.0
<input type="checkbox"/> Hip Derangement	718.95	<input checked="" type="checkbox"/> Shoulder Sprain/Strain (L)	840.8
<input type="checkbox"/> Hip Pain Unspecified	719.45	<input type="checkbox"/> Ankle/Foot Derangement	718.95
<input type="checkbox"/> Wrist Derangement	718.93	<input type="checkbox"/> Foot Pain Unspecified	719.47
<input type="checkbox"/> Elbow Derangement	718.92	<input type="checkbox"/> Knee Derangement	717.9
<input type="checkbox"/> Elbow Pain Unspecified	719.42	<input type="checkbox"/> Knee Pain Unspecified	717.46
<input type="checkbox"/> Hand Derangement	718.92	<input checked="" type="checkbox"/> Knee Sprain/Strain (L)	844.9
<input type="checkbox"/> Hand Pain Unspecified	729.5	<input type="checkbox"/> Anxiety, Tension and Street Reactive Pain	308.0
<input type="checkbox"/> Shoulder Derangement	718.9	<input type="checkbox"/> Elevated Blood Pressure	796.2

Others: _____

Treatment Plan and Recommendation:

☐ Bed Rest
☐ Avoid Physical Activity
☒ Physical Therapy
☒ The patient advised to attend a supervised physical therapy program on a regular schedule basis 3-5 times a week
☐ Application of Synoptic NM Block, continues/reciprocal duration of the treatment 15mins
☐ Computerized ROM and MMT examination

The patient advised to use at home:

<input checked="" type="checkbox"/> Cervical Collar 2 pc.	<input checked="" type="checkbox"/> EMS unit+kit
<input checked="" type="checkbox"/> Cervical Traction Kit	<input checked="" type="checkbox"/> EMS Placement Belt
<input checked="" type="checkbox"/> Orthopedic Pillow	<input type="checkbox"/> Electric Massager
<input type="checkbox"/> Thermophore	<input type="checkbox"/> Orthopedic Elbow Support L R
<input type="checkbox"/> Lumbosacral Orthosi	<input checked="" type="checkbox"/> Orthopedic Knee Support (L) R
<input checked="" type="checkbox"/> Lumbar Cushion	<input type="checkbox"/> Orthopedic Ankle Support L R
<input type="checkbox"/> Orthopedic Car Seat	<input checked="" type="checkbox"/> Orthopedic Wrist Support (L) R
<input checked="" type="checkbox"/> Orthopedic Bed Board	<input checked="" type="checkbox"/> Orthopedic Shoulder Support (L) R
<input checked="" type="checkbox"/> Eggcrate Mattress	<input type="checkbox"/> Infrared Heat Lamp
<input checked="" type="checkbox"/> Hot/Cold Pack	<input checked="" type="checkbox"/> Pelvic Traction
<input type="checkbox"/> Water Circulating Cold/Heat Pad with Pump	<input type="checkbox"/> Cane

The patient is referred to:

X-Rays of the:

Indications: _____
☒ Cervical Spine
☒ Lumbar Spine

MRI's:

Indications: _____
☐ Brain
☒ Cervical Spine

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Patient Name: _____ Date: _____

☐ Thoracic Spine
☒ Knee R ☒ L
☒ Shoulder R ☒ L
☒ Wrist R ☒ L
☐ Ankle R L

☐ Lumbar Spine
☐ Thoracic Spine
☒ Knee R ☒ L
☒ Shoulder R ☒ L
☒ Wrist R ☒ L
☐ Ankle R L

Other: _____

The patient prescribed medication: _____

Consults: _____

() EKG

Indications: _____

() Neurology

Indications: _____

() _____

Indications: _____

() Follow-up in 3-4 weeks

Prognosis: _____ Excellent; _____ Good; ☒ Fair; _____ Poor; _____ Guarded

Disability:

☐ Patient is partially disabled

☒ Mild 25-49%

☐ Moderate 50-74%

☐ Marked 75-99%

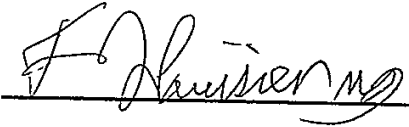
☐ Patient is totally disabled

Casualty:

According to my best judgment, the history given by the patient is accurate and the above mentioned accident seems to be causative factor of patient's symptomology.

DISABILITY & PROGNOSIS:

It is my opinion, based on the history of the patient's symptoms, diagnosis and examination findings that the above noted injuries were sustained/aggravated in the accident that occurred on 1/1/, and the disability resulting from it is/may be of a temporary/permanent nature. The prognosis for a complete recovery is presently (cautiously optimistic/guarded).



JULES F. PARISIEN, M.D.



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KSENIA PAVLOVA D.O.

INITIAL EVALUATION

Re:

B.A.

DOB:

72

DOA:

8/14/15

Date of Evaluation:

8/17/15

ACCIDENT HISTORY:

Type: ☐ MVA ☒ Work Related ☐ Slip and Fall ☐ Other: _____
☐ Pedestrian ☒ Passenger ☐ Driver EXACT Location: Queens
☐ Front seat ☒ Rear seat Restrained: ☒ Y ☐ N
E R Treatment: ☐ Yes ☒ No Hospital Name: _____
☐ Patient was treated and released Date admitted _____ Date discharged _____
Has patient worked since accident? ☐ No ☐ Yes, returned date: _____ ☐ Light duty ☐ Regular duty

CHIEF COMPLAINTS:

- Headache / Dizziness / Nausea / Vomiting / Insomnia / Nervousness / Anxiety / Depression / Blurring Vision / Balance Disturbance / Fever / Chills / Night Sweats / Weight Gains / Weight Loss / Others
- Chest Pain / Tenderness / Tingling
- Difficulty of breathing
- Neck pain with () upper extremity radiating pain and parasthesia
- Tingling sensation in the right/left both arms/forearms/fingers
- Upper back pain
- Low back pain with () lower extremity radiating pain and parenthesis
- Numbness / weakness / tingling to the right/left/both legs/ feet/toes
- Pain in the Scalp / Face / Chest / Abdomen / () Shoulder / () Elbow / () Wrist / () Hand / () Hip (R) Knee / () Ankle / () Foot / Other _____

Pain Descriptive:

_sharp; _stabbing; _shooting; _burning; _aching; _tingling; _numbness; _pulsating;
_constant; _intermittent; _occasional
Pain lasts _____ hours per day _____ days per week.

Activity level is:

- _unchanged
- ☒ diminished
- _significantly restricted
- _pain with manual labor
- _unable to perform manual labor
- _unable to perform daily household chores

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Patient Name: _____ Date: _____

Where is pain worst:

_neck; _back; _R/L leg; _R/L arm: _____
(other)

Pain scale (1-10): 0-No Pain; 1-3 Minimal; 4-6 Moderate; 7-9 Intense; 10 Emergency

☒ Neck 7/10 ☐ Back _____ ☒ Tspine 7/10 ☒ Lspine 7/10 ☐ Arm _____ ☐ Leg _____ ☒ Knee 8/10

What makes pain worst:

_standing; _reaching overhead; _sitting; _laying down; _coughing; _sneezing; ☒ walking; _lifting; _bending;
_weather; _driving; _housework activity; _arising from chairs; _____ other

Sever Night time pain YES/NO Lack of sleep YES/NO

Waking up in the middle of the night because of pain YES/NO if yes how many times _____

PAST MEDICAL HISTORY:

☒ There is no significant past medical history

☐ There is a history of (HTN, Diabetes, Heart attack, Asthma, Osteoarthritis) other: _____

☐ Medication _____

Has patient been in a prior accident? ☐ No ☐ Yes, type & when: ☐ MVA _____ ☐ WC _____

PAST SURGICAL HISTORY:

☒ There is no significant past surgical history

☐ There is a history of _____

ALLERGIES: ☐ No

☐ Yes ASA Demerol → (palpitations & SOB)

MEDICATIONS:

EMPLOYMENT HISTORY:

The patient ☒ HAS / ☐ has NOT been employed prior to the accident.

The patient ☒ HAS / ☐ has NOT been able to return to work.

REVIEW OF SYSTEM:

_Constitutional Symptoms (_fever; _weight loss; _other)

_Eyes _____

_Head _____ Ears _____; _Nose _____; Throat _____

_Cardiovascular _____

_Gastrointestinal _____

_Genitourinary _____

_Musculoskeletal _____

_Integumentary (_skin _____; _Breast _____)

_Neurological _____

_Psychiatric _____

_Endocrine _____

_Hematologic/Lymphatic _____

_Allergic/Immunologic _____

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Patient Name: _____ Date: _____

PHYSIAL EXAMINATIONVITAL SIGNS: BP: _____ WT: 242 HT: 5'7 1/2 T°: _____ RR: _____ Pulse: _____ Spo2% _____**HEENT:**

Normocephalic. Extraocular muscles intact. No nystagmus is noted. External canals and tympanic membranes are normal. Hearing is normal. The tongue protrudes midline.

SKIN:

Intact. No ecchymosis/lacerations/or abrasions noted.

CHEST & LUNGS:

The chest was symmetrical on excursion. No wheezing, rales or ronchi. Non tender upon palpation.

CARDIOVASCULAR:

Regular rate and rhythm. No murmur, gallop, thrill or rub was noted. Pulses equal bilaterally.

ABDOMEN:

The abdomen was soft/NT/ND. No scar was noted. No organomegaly was noted.

Cervical Spine☐ **NORMAL**☒ Loss of normal lordosis. ☒ Tenderness, spasm and stiffness. ☒ Limited ROM

Cervical ROM	Normal	Patient	Quantity
Flexion	50°	40	Severe / Moderate
Extension	60°	50	Severe / Moderate
Right Lateral Flexion	45°		Severe / Moderate
Left Lateral Flexion	45°		Severe / Moderate
Right Rotation	80°	40	Severe / Moderate
Left Rotation	80°	60	Severe / Moderate

☒ Tender points at C3, C4, C5, C6, C7 levels. The soto hall (force flexion of the head and neck upon the sternum) elicited pain. Cervical distraction test was positive indicating the presence of a spinal nerve root compression.☐ Manual testing of muscle strength was positive. ☐ Pinprick and touch was abnormally decreased over the R/Larm.☒ The patient had difficulties looking up to the ceiling.**THORACIC SPINE:**☐ **NORMAL**

There was +/- pain on deep inspiration. Tenderness +/- on palpation over the paraspinals and/or the angle of the ribs were noted. +/- Decreased ROM

LUMBAR SPINE:☐ **NORMAL**Visible/Palpable muscle spasm and diffuse tenderness over the paraspinal muscles ☒ radiating to the sciatic notches, the RIGHT/ LEFT hip, THE LOWER EXTREMITIES ☐ Limited range of motion.

Spinal ROM:	Normal	Patient	Quantity
Pelvic Sacral Angle	45°		Severe / Moderate
Flexion	90°		Severe / Moderate
Extension	30°		Severe / Moderate
Right Lateral Flexion	35°		Severe / Moderate
Left Lateral Flexion	35°		Severe / Moderate

☒ Tender points were elicited at L2, L3, L4, L5-S1 levels. ☐ Straight leg raising test was positive on the R/L/BL.☐ The Braggard's test was positive indicating the presence of a disc protrusion in the lumbar spine with nerve root irritation.

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Patient Name: _____ #: 685 Date: _____

- ☐ The Braggard's test was positive indicating the presence of a disc protrusion in the lumbar spine with nerve root irritation.
- ☐ The Kemp's test (rotation and oblique backward bending of the standing patient) was positive indicating the presence of a disc protrusion, nerve root impingement, sprain or disc herniation of the lumbar spine.
- ☐ The Lassegue straight leg raising test was positive indication a disc lesion, nerve root impingement or disc herniation of the lumbar spine.
- ☐ The bilateral leg raise test was positive confirming a severe sprain or a disc pathology in the lumbar spine.
- ☐ The Ely's heel to buttock test was positive corroborating a lesion of the lumbar nerve roots.
- ☐ The Naclis heel to contralateral buttock test was positive indicating a lesion of the lumbar nerve root.
- ☐ The heel walk test was weak when the patient walks several steps on the heel indicating a lesion of the fibers of the L5 nerve root.
- ☐ The toe walk test was weak on the right side indicating a lesion at L5-S1 root level.

ELBOW / WRIST / HAND:☒ **NORMAL**SHOULDER:☒ **NORMAL**

- ☒ +/-Tenderness of the R/L ☐ spastic and restricted on mobilization of the deltoid muscles and the AC joints.
- +/-Crepitation of the acromioacetabular joints. Trigger points were elicited on palpation of the supraspinatus, infraspinatus deltoid, biceps brachii muscles causing severe limitation and pain on motion.

☒ +/- decrease in ROM

Shoulder ROM:	Normal	R	L	Quantity
Abduction	180°			Severe / Moderate
Forward Flexion	180°			Severe / Moderate
Extension	60°			Severe / Moderate
Internal Rotation	90°			Severe / Moderate
External Rotation	90°			Severe / Moderate

Hand to shoulder blade test was positive. Apley's scratch test was positive. The patient complains of shoulder pain on the R/L side and was unable to reach behind to a back pocket and in front to comb hair or brush teeth.

HIP:☒ **NORMAL**

- ☐ Swelling ☐ hematoma ☐ bruises over anterior-lateral aspect of the R/L thigh. ☐ Tenderness of the sacroiliac area. Trigger points were elicited on palpation of the R/L gluteus medius. The range of motion was limited and painful.
- ☐ Ely's heel to buttock test was positive. ☐ Thomas test was positive.

HIP ROM:	Normal	R	L	Quantity
Flexion	120°			Severe / Moderate
Extension	35°			Severe / Moderate
Abduction	50°			Severe / Moderate
Adduction	30°			Severe / Moderate
Internal Rotation	35°			Severe / Moderate
External Rotation	45°			Severe / Moderate

KNEE:☒ **NORMAL**

- Right/ LEFT ☐ Swelling ☐ hematoma ☐ bruises over anterior/posterior/lateral aspect of the R/L knee ☒ +/-Tenderness of the medial/lateral aspect. ☐ Decrease in ROM

Knee ROM:	Normal	R	L	Quantity
Flexion	135°			Severe / Moderate
Extension	10°			Severe / Moderate
Internal Tibial Rotation	30°			Severe / Moderate
External Tibial Rotation	45°			Severe / Moderate

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Patient Name: _____ Date: _____

ANKLE:

☒ **NORMAL**

☐ Swelling ☐ hematoma ☐ bruises over anterior/posterior/malleolar aspect of the R/L ankle. ☐ Tenderness of the medial/lateral aspect. ☐ Decrease in ROM

Ankle ROM:	Normal	R	L	Quantity
Dorsi Flexion	20°			Severe / Moderate
Plantar Flexion	50°			Severe / Moderate
Inversion	15°			Severe / Moderate
Eversion	15°			Severe / Moderate

FOOT:

☐ **NORMAL**

Diagnostic Impression:

<input type="checkbox"/> Headaches	784.0	<input checked="" type="checkbox"/> Post Traumatic Cervico- Thoracic Myofascitis	723.4
<input type="checkbox"/> Chest Pain	786.50	<input type="checkbox"/> Acute Traumatic Cervical Radiculitis	724.4
<input type="checkbox"/> Post Concussion Syndrome	850.9	<input checked="" type="checkbox"/> Thoracic Sprain/Strain	847.1
<input type="checkbox"/> Back Pain Unspecified	724.5	<input type="checkbox"/> Acute Traumatic Lumbrosacral Radiculitis	724.4
<input type="checkbox"/> Back Sprain/Strain	847.9	<input type="checkbox"/> R/O Lumbar Disc Hemiation	722.73
<input type="checkbox"/> Cervical Derangement	724.9	<input type="checkbox"/> Lumbar Derangement	724.9
<input checked="" type="checkbox"/> Cervical Sprain/Strain	847.0	<input type="checkbox"/> Post-Traumatic Lumbar Myofascitis	724.2
<input checked="" type="checkbox"/> Cervicalgia	732.1	<input checked="" type="checkbox"/> Lumbar Sprain/Strain	847.2
<input type="checkbox"/> Acute Traumatic Cervical Radiculitis	729.1	<input type="checkbox"/> Sacral Sprain/Strain	847.3
<input type="checkbox"/> R/O Cervical Disc Hemiation	722.71	<input type="checkbox"/> Contusion Thigh/Hip	924.0
<input type="checkbox"/> Hip Derangement	718.95	<input type="checkbox"/> Shoulder Sprain/Strain	840.8
<input type="checkbox"/> Hip Pain Unspecified	719.45	<input type="checkbox"/> Ankle/Foot Derangement	718.95
<input type="checkbox"/> Wrist Derangement	718.93	<input type="checkbox"/> Foot Pain Unspecified	719.47
<input type="checkbox"/> Elbow Derangement	718.92	<input type="checkbox"/> Knee Derangement	717.9
<input type="checkbox"/> Elbow Pain Unspecified	719.42	<input checked="" type="checkbox"/> Knee Pain Unspecified	717.46
<input type="checkbox"/> Hand Derangement	718.92	<input type="checkbox"/> Knee Sprain/Strain	844.9
<input type="checkbox"/> Hand Pain Unspecified	729.5	<input type="checkbox"/> Anxiety, Tension and Street Reactive to pain	308.0
<input type="checkbox"/> Shoulder Derangement	718.91	<input type="checkbox"/> Elevated Blood Pressure	796.2

Others:

Treatment Plan and Recommendation:

☐ Bed Rest

☐ Avoid Physical Activity

☒ Physical Therapy

☒ The patient advised to attend a supervised physical therapy program on a regular scheduled basis 3-5 times a week

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Patient Name: _____ Date: _____

___ Application of Synoptic NM Block, continues/reciprocal duration of the treatment 15 min.

___ Computerized ROM and MMT examination

The patient advised to use at home:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Cervical collar 2 pc. | <input checked="" type="checkbox"/> EMS unit +kit |
| <input checked="" type="checkbox"/> Cervical Traction Kit | <input checked="" type="checkbox"/> EMS Placement Belt |
| <input checked="" type="checkbox"/> Orthopedic Pillow | <input checked="" type="checkbox"/> Electric Massager |
| <input type="checkbox"/> Thermophore | <input type="checkbox"/> Orthopedic Elbow support L R |
| <input type="checkbox"/> Lumbosacral Orthosi | <input checked="" type="checkbox"/> Orthopedic Knee Support L/R |
| <input checked="" type="checkbox"/> Lumbar cushion | <input type="checkbox"/> Orthopedic Ankle Support L R |
| <input type="checkbox"/> Orthopedic Car Seat | <input type="checkbox"/> Orthopedic Wrist Support L R |
| <input checked="" type="checkbox"/> Orthopedic Bed Board | <input type="checkbox"/> Orthopedic Shoulder Support L R |
| <input checked="" type="checkbox"/> Eggcrate Mattress | <input type="checkbox"/> Infrared Heat Lamp |
| <input type="checkbox"/> Hot/Cold Pack | <input checked="" type="checkbox"/> Pelvic Traction |
| <input type="checkbox"/> Water Circulating Cold/Heat Pad with Pump | <input type="checkbox"/> Cane |

The patient is referred to:

X-Rays of the:

Indications: _____

- ☒ Cervical Spine
☒ Lumbar Spine
☒ Thoracic Spine
☒ Knee (R) L
☐ Shoulder R L
☐ Wrist R L
☐ Ankle R L

Other: _____

MRI's:

Indications: _____

- ☐ Brain
☒ Cervical Spine
☒ Thoracic Spine
☒ Knee (R) L
☐ Shoulder R L
☐ Wrist R L
☐ Ankle R L

☒ lumbar.

The patient is prescribed medication:

Consults:

☐ EKG

Indications:

☐ Neurology

Indications:

☐ _____

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Received Date 09092015

Patient Name: _____ Date: _____

Indications:

() Follow-Up in 2-3-4 weeks

Prognosis: ___ Excellent; ___ Good; ___ Fair; ___ Poor; ☒ Guarded

Disability:

___ Patient is partially disabled

___ Mild 25-49% ___ Moderate 50-74% ___ Marked 75-99%

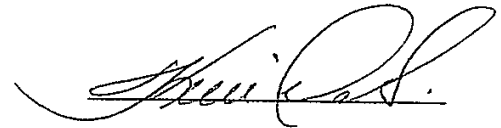
___ Patient is totally disabled

Casualty:

According to my best judgment, if history given by the patient accurate, the above mentioned accident seems to be causative factor of patient's symptomology.

DISABILITY & PROGNOSIS:

It is my opinion, based on the history of the patient's symptoms, diagnosis and examination findings, that the above noted injuries were sustained/aggravated in the accident that occurred on __/__/__, and the disability resulting from it is/may be of a temporary/permanent nature. The prognosis for a complete recovery is presently (cautiously optimistic/guarded).



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EXHIBIT “4”

KSENIA PAVLOVA

1 OF 6

Date: 12/1/15

B.G.

Patient: _____ Age: _____ Sex: F/M D.O.A.: 8/14/15HISTORY: This report covers date of services from 8/17/15 to 11/31/15. Secondary to an accident, injury(ies) to the C/T/L spine @ Shoulder @ knee was/were reported.

LAST RECOMMENDATION/PLAN OF CARE: On the last visit, the following recommendation(s) were made:

- Consult/Test Results: _____
- Treatment: ☐ Physical Therapy ☐ Medications ☐ Orthotics ☒ Chiropractic ☐ Acupuncture

- Status: ☐ No Improvement ☐ Moderate Improvement ☐ Marked Improvement

HPI:

Subjective: MUSCULOSKELETAL PLAN

- ☒ Neck ☐ Radiating to: _____ ☐ Atrophy
- ☒ Back ☐ Radiating to: _____ ☐ Swelling
- ☐ Hand ☐ Wrist ☐ Elbow ☒ Shoulder (2)
- ☐ Foot ☐ Ankle ☐ Knee ☐ Hip ☐ Tooth ☐ Jaw
- ☐ Other: (1) _____

PAST MEDICAL HISTORY

- ☐ Asthma ☐ Dizziness
- ☐ Diabetes ☐ Type I
- ☐ Type II
- ☐ Osteoporosis
- ☒ Other: Dermis

ALLERGIES

- ☐ NKDA
- ☐ Local Anesthetic
- ☐ Corticosteroids
- ☐ Seasonal/Food
- ☐ Other: ASA

Pain: ☐ Exacerbated ☐ Same ☒ Decreased ☐ No Pain

Pain Scale:

☒ C spine ☒ T spine ☒ Shoulder R/L ☒ L spine ☒ Knee R/LDescription: ☐ Sharp ☐ shooting, ☐ stabbing, ☐ aching ☐ pulsating ☐ other _____Activity Level: ☐ Unchanged ☐ Diminished ☐ Significantly restrictedPHYSICAL EXAMINATION: ☐ Ht 5'7 ☐ Wt 242 ☐ BP _____ ☐ P _____ ☐ SpO2 _____

HEENT:	GU:
Skin: <u>none</u>	Musculoskeletal: <u>see below</u>
Resp:	
Cardio:	Other:
GI:	

Radiology Results: Perceived: patientObjective: pt seen & examined @ tenderness of the C/T/L spine @ knee, no ROM deficit of the @ knee, mild palpable swelling, @ palpable & palpatedASSESSMENT/DIAGNOSIS: around the paraspinal musculature of the C/T/L spine.

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The patient is: ☐ totally disabled ☐ partially disabled ☐ not disabled from previous work as a/an _____
Permanency is: ☐ probable ☐ possible ☐ expected ☐ total ☐ marked partial ☐ moderate partial ☐ mild partial

NEW RECOMMENDED PLAN OF CARE:

- ☒ The patient was informed in the use of over the counter NSAID's, and demonstrates a clear understanding of the indicated usage.
☐ The patient is advised to start on a course of Therapeutics Injections _____
☐ The patient is advised to start on a course of Platelet Rich Plasma Injections _____
☐ _____

Because of the above findings the following are necessary for proper management of the patient:

- ☐ Orthopedic Consultation ☐ Neurological Consultation ☐ Dental Consultation
☐ Internal Medicine Consultation ☐ Ophthalmology Consultation ☐ HEENT Consultation
☒ Chiropractor ☒ Acupuncture ☒ Pain Management

AUTHORIZATION REQUEST (Workers Compensation Only):

This is a formal Authorization Request for:

- ☐ MUA _____ ☐ EMG _____ ☐ MRI _____
☐ THERAPEUTIC INJECTIONS _____ ☐ PLATELET RICH PLASMA INJECTION _____

TREATMENT:

Patient rate average pain on a comfort level at: _____ base on a scale of 0 to 10. No comfort (zero) to well (ten).
The following treatment modalities are being applied individually or in combination to decreased pain and improve function and quality of life:

- ☐ Nerve Block Injections: _____
☐ Trigger Point Injections: _____
☐ Facet Joint Injections: _____
☐ Intra-articular Injections: _____
☐ Platelet Rich Plasma Injections: _____

USING:

After obtaining verbal consent the patient received trigger point/nerve block injections to the following areas:

- ☐ Surface anatomy technique
☐ Radiologic anatomy technique (C-Arm)

Using: ☐ 1% Lidocaine ☐ Depomedrol 40 mg/cc ☐ 0.25% Marcaine ☐ 0.25% Sensorcaine ☐ 0.25% Bupivacaine

Nerve Block administered to:

- ☐ Thoracic C7-T1
☐ Lumbar paravertebral sympathetic nerve
☐ Bilaterally ☐ Unilaterally

Trigger Point is administered to:

- ☐ The following muscles: _____
☐ Bilaterally ☐ Unilaterally

Diagnostic Impression:

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☐ Headaches 784.0
☐ Chest Pain 786.50
☐ Post Concussion Syndrome 850.9
☐ Back Pain Unspecified 724.5
☐ Back Sprain/Strain 847.9
☐ Cervical Derangement 724.9
☒ Cervical Sprain/Strain 847.0
☐ Cervicalgia 732.1
☐ Acute Traumatic Cervical Radiculitis 729.1
☐ R/O Cervical Disc Hemiation 722.71
☐ Hip Derangement 718.95
☐ Hip Pain Unspecified 719.45
☐ Wrist Derangement 718.93
☐ Elbow Derangement 718.92
☐ Elbow Pain Unspecified 719.42
☐ Hand Derangement 718.92
☐ Hand Pain Unspecified 729.5
☐ Shoulder Derangement 718.91

Others:

Treatment Plan and Recommendation:

- ☐ Bed Rest
☐ Avoid Physical Activity
☒ Physical Therapy
☐ The patient advised to attend a supervised physical therapy program on a regular scheduled basis 3-5 times a week
☐ Application of Synoptic NM Block, continues/reciprocal duration of the treatment 15 min.

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☒ Post Traumatic Cervico- Thoracic Myofascitis 723.4
☐ Acute Traumatic Cervical Radiculitis 724.4
☒ Thoracic Sprain/Strain 847.1
☐ Acute Traumatic Lumbrosacral Radiculitis 724.4
☐ R/O Lumbar Disc Hemiation 722.73
☐ Lumbar Derangement 724.9
☐ Post-Traumatic Lumbar Myofascitis 724.2
☒ Lumbar Sprain/Strain 847.2
☐ Sacral Sprain/Strain 847.3
☐ Contusion Thigh/Hip 924.0
☒ Shoulder Sprain/Strain 840.8
☐ Ankle/Foot Derangement 718.95
☐ Foot Pain Unspecified 719.47
☐ Knee Derangement 717.9
☐ Knee Pain Unspecified 717.46
☒ Knee Sprain/Strain 844.9
☐ Anxiety, Tension and Street Reactive to pain 308.0
☐ Elevated Blood Pressure 796.2

RT	LT		Head & Neck Muscles
			Trapezius muscle

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		Sternocleidomastoid muscle
		Masseter muscle
		Temporalis muscle
		Medial (Internal) Pterygoid muscle
		Lateral (External) Pterygoid muscle
		Digastric muscle
		Cutaneous II: Occipitofrontalis
		Splenius capitis & splenius cervicis muscles
		Posterior cervical muscle
		Semispinalis capitis, Semispinalis cervicis & multifidi
		Suboccipital muscles
		Recti capitis posterior major & major, obliqui inferior & superior

RT	LT	Lumbar Paraspinal Muscles
		Erectors Spinalae
		Iliocostalis thoracis
		Iliocostalis Lumborum
		Semispinalis
		Multifidi muscles
		Rotatores muscles
		Gluteus muscle
		Quadratus Lumborum
		Longissimus

RT	LT	Elbow to Finger Muscles
		Hand extensor & brachioradialis muscles
		Finger extensor muscles
		Extensor digitorum & extensor indicis
		Supinator muscle
		Palmaris Longus muscle
		Hand & Finger flexors in the forearm
		Flexores carpi radialis & ulnaris, flexores digitorum
		Superficialis & profundus, flexor pollicis
		Longus (pronator Teres)
		Adductor & opponens pollicis muscles; trigger thumb
		Interosseous muscles of the hand

RT	LT	Upper Back, Shoulder & Arm Muscles
		Levator Scapulae muscle
		Scalene muscles
		Supraspinatus muscles
		Infraspinatus muscle
		Teres minor muscle
		Latissimus dorsi muscle
		Teres major muscle
		Subscapularis muscle
		Rhomboideus major & minor muscles
		Deltoid muscle
		Coracobrachialis muscle
		Biceps brachii muscle
		Brachialis muscle
		Triceps brachii muscle

RT	LT	Torso Muscles
		Pectoralis major muscle (subclavius muscles)
		Pectoralis minor muscle
		Sternalis muscle
		Serratus Posterior superior muscle
		Serratus Anterior muscle
		Serratus Posterior inferior muscle
		Thoracolumbar paraspinal muscles
		Abdominal muscles

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Patient Name: _____

Date: _____

CODE	Descriptions	RIGHT	LEFT
<input type="checkbox"/> 64412	Injection, anesthetic agent; spinal accessory nerve		
<input type="checkbox"/> 64413	Injection, anesthetic agent; cervical plexus		
<input type="checkbox"/> 64405	Injection, anesthetic agent; occipital nerve		
<input type="checkbox"/> 64450	Injection, anesthetic agent; peripheral nerve or brunch		
<input type="checkbox"/> 64418	Injection, anesthetic agent; suprascapular nerve		
<input type="checkbox"/> 64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves		
<input type="checkbox"/> 64421	Injection, anesthetic agent; intercostal nerves, multiple, regional		
<input type="checkbox"/> 20552	Injection one or two muscles		
<input type="checkbox"/> 20553	Injection three or more muscles		
CODE	Descriptions	RIGHT	LEFT
<input type="checkbox"/> 20999	Dry Needling		
<input type="checkbox"/>	Ultrasound		
<input type="checkbox"/>	Platelet Rich Plasma Injection		
<input type="checkbox"/> 20605	Intra Articular Injection shoulder		
<input type="checkbox"/> 20610	Intra Articular injection Knee		
<input type="checkbox"/> 64633	C - Spine Facet joint injection single		
<input type="checkbox"/> 64634	C Facet joint injection additional		
<input type="checkbox"/> 64633	T- Facet joint injection single		
<input type="checkbox"/> 64634	T Facet joint injection additional		
<input type="checkbox"/> 64635	L- Facet joint injection single		
<input type="checkbox"/> 64636	L Facet joint injection additional		
<input type="checkbox"/> 64635	S- Facet joint injection single		
<input type="checkbox"/> 64636	S Facet joint injection additional		
<input type="checkbox"/>			

Number of cartridge injected:

A sterile field was created over the regions to be injected. The skin was prepped with Betadine. The areas to be injected were cleaned with alcohol, the patient's skin was sprayed with topical anesthetic ethyl chloride, and each area/trigger point was injected with 0.5cc of 0.5% Marcaine via 3cc syringe with a 1 - 1/2 x 25G sterile hypodermic needle. Needling was performed to further breakup the trigger points.

- ☐ Patient tolerated the procedure well
☐ Patient developed a mild transient lightheadedness of a few minutes duration.
☐ No complications, No complains.
☐ Other: _____

KSENIA PAVLOVA, D.O.

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The p() Follow-Up in 2- 3-4 weeks

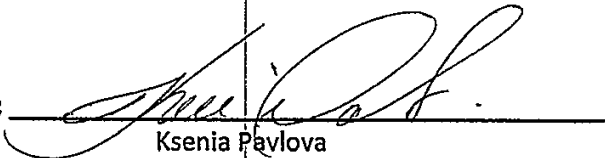
Prognosis: ___ Excellent; ___ Good; ___ Fair; ___ Poor; ☒ Guarded

atient was instructed on post injection care and reported some decreased muscle stiffness and some decreased pain following the procedure.

DISABILITY & PROGNOSIS:

It is my opinion, based on the history of the patient's symptoms, diagnosis and examination findings, that the above noted injuries were sustained/aggravated in the accident that occurred on _____, and the disability resulting from it is/maybe/ of a temporary/permanent nature. The prognosis for a recovery is presently (cautiously optimistic/ guarded).

Physician's Signature: _____


Ksenia Pavlova

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JULES F. PARISIEN, M.D.

RE-EVALUATION

Date: 2-9-16.

Patient: P.F. Age: 29 Sex: F/M D.O.A.: 1-9-16.

HISTORY: This report covers date of services from 2/9 to 2/9. Secondary to an accident, injury(ies) to the neck, back, shoulder(s), was/were reported.
Knee(s), Wrist(s)

LAST RECOMMENDATION/ PLAN OF CARE: On the last visit, the following recommendation(s) were made:

- ☐ Consult/Test Results: Pain report
☐ Treatment: ☐ Physical Therapy ☐ Medications ☐ Orthotics ☐ Chiropractic ☒ Acupuncture

- ☐ Status: ☐ No Improvement ☒ Moderate Improvement ☐ Marked Improvement

HPI:

Subjective:

MUSCULOSKELETAL PLAN

<input checked="" type="checkbox"/> Neck	<input type="checkbox"/> Radiating to: _____	<input type="checkbox"/> Atrophy
<input checked="" type="checkbox"/> Back	<input type="checkbox"/> Radiating to: _____	<input type="checkbox"/> Swelling
<input type="checkbox"/> Hand	<input checked="" type="checkbox"/> Wrist	<input type="checkbox"/> Elbow
<input type="checkbox"/> Foot	<input type="checkbox"/> Ankle	<input checked="" type="checkbox"/> Knee
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Hip
	<input type="checkbox"/> Tooth	<input type="checkbox"/> Jaw

PAST MEDICAL HISTORY

<input type="checkbox"/> Asthma	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Type I
	<input type="checkbox"/> Type II
<input type="checkbox"/> Osteoporosis	
<input checked="" type="checkbox"/> Other: _____	

ALLERGIES

<input checked="" type="checkbox"/> NKDA
<input type="checkbox"/> Local Anesthetic
<input type="checkbox"/> Corticosteroids
<input type="checkbox"/> Seasonal Food
<input type="checkbox"/> Other: _____

Pain: ☐ Exacerbated ☐ Same ☒ Decreased ☐ No Pain

Pain Scale:

☒ C-Spine 5 ☐ T-Spine _____ ☒ L-Spine 7 ☒ Shoulder R/L 5 ☒ Knee Pain R/L 5

Description: ☒ Sharp ☒ Shooting ☐ Stabbing ☐ Aching ☐ Pulsating ☐ Other _____

Activity Level: ☐ Unchanged ☒ Diminished ☐ Significantly Restricted

Physical Examination: ☐ Ht 5'6" ☐ Wt 188 ☐ BP _____ ☐ P _____ ☐ SpO2 _____

HEENT:		GU:	
Skin:		Musculoskeletal:	<u>Pain, tenderness,</u>
Resp:	<u>clear</u>		<u>to neck, back, shoulder(s),</u>
Cardio:			<u>Knee(s), Wrist(s), R/L</u>
GI:			<u>Reports wearing T.P.E. which helps</u>
			<u>inducing pain.</u>

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Patient Name: _____ Date: _____

- ☐ Hypersensitive bundle/ nodule present
- ☐ Pain elicited when palpated
- ☐ Radiation of pain when palpated
- ☐ "Jump sign" when palpated
- ☐ Twitch response when palpated

Radiology Results: _____

Objective: HE of Neck, back, shoulder, (+) Tenderness (+) palpable trigger point of psoas & ROM & S/S.

Assessment/Diagnosis: Traumatic Cervical & lumbar myofascitis & L-shoulder & L-knee Sprains.

The patient is: ☐ totally disabled ☐ partially disabled ☐ not disabled from previous work as a/an _____
Permanency is: ☐ probable ☐ possible ☐ expected ☐ total ☐ marked partial ☐ moderate partial ☐ mild partial

Diagnostic Impression:

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> Headaches | R51 | <input type="checkbox"/> Sprain of ligaments of thoracic spine, initial encounter | S23.3XXA |
| <input type="checkbox"/> Post-traumatic headache | G44.3 | <input type="checkbox"/> Sprain of ligaments of lumbar spine, initial encounter | S33.5XXA |
| <input type="checkbox"/> Acute post-traumatic headache | G44.31 | <input type="checkbox"/> Sprain of other parts of lumbar spine and pelvis, initial encounter | S33.8XXA |
| <input type="checkbox"/> Chest Pain, Unspecified | R07.9 | <input type="checkbox"/> Other specific joint derangements of shoulder, not elsewhere classified | M24.81 |
| <input type="checkbox"/> Concussion without loss of consciousness, initial encounter | S06.0X0A | <input type="checkbox"/> Other specific joint derangements of elbow, not elsewhere classified | M24.82 |
| <input type="checkbox"/> Concussion with loss of consciousness of unspecified duration | S06.0X9 | <input type="checkbox"/> Other specific joint derangements of wrist, not elsewhere classified | M24.83 |
| <input type="checkbox"/> Other dorsalgia | M54.89 | <input type="checkbox"/> Other specific joint derangements of hand, not elsewhere classified | M24.84 |
| <input checked="" type="checkbox"/> Low back pain | M54.5 | <input type="checkbox"/> Other specific joint derangements of hip, not elsewhere classified | M24.85 |
| <input checked="" type="checkbox"/> Cervicalgia | M54.2 | <input type="checkbox"/> Other specific joint derangements of ankle and foot, not elsewhere classified | M24.87 |
| <input type="checkbox"/> Lumbago with sciatica | M54.4 | <input type="checkbox"/> Pain in hip | M25.55 |
| <input type="checkbox"/> Sciatica | M54.3 | <input checked="" type="checkbox"/> Pain in shoulder (L) | M25.51 |
| <input type="checkbox"/> Radiculopathy, site unspecified | M54.10 | <input type="checkbox"/> Pain in elbow | M25.52 |
| <input checked="" type="checkbox"/> Radiculopathy, cervical region | M54.12 | <input type="checkbox"/> Pain in wrist | M25.53 |
| <input type="checkbox"/> Radiculopathy, cervicothoracic region | M54.13 | <input checked="" type="checkbox"/> Pain in knee (C) | M25.56 |
| <input type="checkbox"/> Radiculopathy, thoracic region | M54.14 | <input type="checkbox"/> Pain in ankle and joints of foot | M25.57 |
| <input type="checkbox"/> Radiculopathy, thoracolumbar region | M54.15 | <input type="checkbox"/> Sprain of shoulder joint | S43.4 |
| <input checked="" type="checkbox"/> Radiculopathy, lumbar region | M54.16 | <input type="checkbox"/> Sprain of collateral ligament of knee | S83.4 |
| <input type="checkbox"/> Radiculopathy, lumbosacral region | M54.17 | <input type="checkbox"/> Sprain of cruciate ligament of knee | S83.5 |
| <input type="checkbox"/> Radiculopathy, sacral and sacrococcygeal region | M54.18 | <input type="checkbox"/> Sprain of other specified parts of knee | S83.8 |
| <input type="checkbox"/> Fusion of spine, cervical region | M43.22 | <input type="checkbox"/> Tear of articular cartilage of knee, current | S83.3 |
| <input type="checkbox"/> Fusion of spine, cervicothoracic region | M43.23 | <input type="checkbox"/> Tear of meniscus, current injury | S83.2 |
| <input type="checkbox"/> Fusion of spine, thoracic region | M43.24 | | |
| <input type="checkbox"/> Fusion of spine, thoracolumbar region | M43.25 | | |
| <input type="checkbox"/> Fusion of spine, lumbar region | M43.26 | | |
| <input type="checkbox"/> Fusion of spine, lumbosacral region | M43.27 | | |
| <input type="checkbox"/> Dorsopathy, unspecified | M53.9 | | |
| <input type="checkbox"/> Sprain of ligaments of cervical spine initial encounter | S13.4XXA | | |

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Patient Name: _____ Date: _____

- | | | | |
|---|----------|---|--------|
| <input type="checkbox"/> Internal derangement of knee | M23 | <input type="checkbox"/> Other intervertebral disc displacement, lumbosacral region | M51.27 |
| <input type="checkbox"/> Elevated blood-pressure reading, without diagnosis of hypertension | R03.0 | <input type="checkbox"/> Other thoracic, thoracolumbar and lumbosacral intervertebral disc degeneration | M51.3 |
| <input type="checkbox"/> Contusion of right thigh, initial encounter | S70.11XA | <input type="checkbox"/> Other synovitis and tenosynovitis, Shoulder | M65.81 |
| <input type="checkbox"/> Contusion of left thigh, initial encounter | S70.12XA | <input type="checkbox"/> Other synovitis and tenosynovitis, upper arm | M65.82 |
| <input type="checkbox"/> Acute stress reaction | F43.0 | <input type="checkbox"/> Other synovitis and tenosynovitis, Forearm | M65.83 |
| <input type="checkbox"/> Other cervical disc displacement, unspecified cervical region | M50.20 | <input type="checkbox"/> Other synovitis and tenosynovitis, hand | M65.84 |
| <input type="checkbox"/> Other cervical disc displacement, high cervical region | M50.21 | <input type="checkbox"/> Other synovitis and tenosynovitis, thigh | M65.85 |
| <input type="checkbox"/> Other cervical disc displacement, mid-cervical region | M50.22 | <input type="checkbox"/> Other synovitis and tenosynovitis, lower leg | M65.86 |
| <input type="checkbox"/> Other cervical disc displacement, cervicothoracic region | M50.23 | <input type="checkbox"/> Other synovitis and tenosynovitis, ankle and foot | M65.87 |
| <input type="checkbox"/> Other cervical disc degeneration | M50.3 | <input type="checkbox"/> Medial epicondylitis | M77.0 |
| <input type="checkbox"/> Other intervertebral disc displacement, thoracic region | M51.24 | <input type="checkbox"/> Lateral epicondylitis | M77.1 |
| <input type="checkbox"/> Other intervertebral disc displacement, thoracolumbar region | M51.25 | | |
| <input type="checkbox"/> Other intervertebral disc displacement, lumbar region | M51.26 | | |

NEW RECOMMENDED PLAN OF CARE:

- ☒ The patient was informed in the use of over the counter NSAID's, and demonstrates a clear understanding of the indicated usage.
- ☐ The patient is advised to start on a course of **Therapeutics Injections** _____.
- ☐ The patient is advised to start on a course of **Platelet Rich Plasma Injections** _____.
- ☐ _____

Because of the above findings the following are necessary for proper management of the patient:

- | | | |
|---|---|---|
| <input type="checkbox"/> Orthopedic Consultation | <input type="checkbox"/> Neurological Consultation | <input type="checkbox"/> Dental Consultation |
| <input type="checkbox"/> Internal Medicine Consultation | <input type="checkbox"/> Ophthalmology Consultation | <input type="checkbox"/> HEENT Consultation |
| <input checked="" type="checkbox"/> Chiropractor | <input checked="" type="checkbox"/> Acupuncture | <input checked="" type="checkbox"/> Pain Management |

AUTHORIZATION REQUEST (Worker's Compensation Only):

This is formal **Authorization Request For:**

- ☐ MUA _____ ☐ EMG _____ ☐ MRI _____
- ☐ THERAPEUTIC INJECTIONS _____
- ☐ PLATELET RICH PLASMA INJECTION _____

Patient Name: _____ Date: _____

TREATMENT:

Patient rate average pain on a comfort level at: _____ base on a scale of 0 to 10. No comfort (zero) to well (ten).
The following treatment modalities are being applied individually or in combination to decreased pain and improve function and quality of life:

- ☐ Nerve Block Injections:
- ☐ Trigger Point Injections:
- ☐ Facet Joint Injections:
- ☐ Intra-articular Injections:
- ☐ Platelet Rich Plasma Injections:

USING:

After obtaining verbal consent the patient received trigger point/nerve block injections to the following areas:

- ☐ Surface anatomy technique
- ☐ Radiology anatomy technique (C-Arm)

USING: ☐ 1% Lidocaine ☐ Depomedrol 40 mg/cc ☐ 0.25% Marcaine ☐ 0.25% Sensorcaine ☐ 0.25% Bupivacaine

<p>Nerve block administered to:</p> <ul style="list-style-type: none"><input type="checkbox"/> Thoracic C7-T1<input type="checkbox"/> Lumbar paravertebral sympathetic nerve<input type="checkbox"/> Bilaterally <input type="checkbox"/> Unilaterally	<p>Trigger Point is administered to:</p> <ul style="list-style-type: none"><input type="checkbox"/> The following muscles: _____<input type="checkbox"/> Bilaterally <input type="checkbox"/> Unilaterally
--	---

Treatment Plan and Recommendation:

- ☐ Bed Rest
- ☐ Avoid Physical Activity
- ☒ Physical Therapy
- ☒ The patient advised to attend a supervised physical therapy program on a regular schedule basis 3-5 times a week
- ☐ Application of Synoptic NM Block, continues/reciprocal duration of the treatment 15mins

Patient Name: _____ Date: _____

RT	LT	HEAD AND NECK MUSCLES
		Trapezius Muscle
		Sternocleidomastoid muscle
		Masseter muscle
		Temporalis muscle
		Medial (Internal) Pterygoid muscle
		Lateral (External) Pterygoid muscle
		Digastric muscle
		Cutaneous II: Occipitofrontalis
		Splenius capitis & splenius cervicis muscles
		Posterior cervical muscle
		Semispinalis capitis, Semispinalis cervicis & multifid
		Suboccipital muscles
		Recti capitis posterior major & minor, obliqui inferior and superior

RT	LT	LUMBAR PARASPINAL MUSCLES
		Erectors Spinae
		Iliocostalis Thoracis
		Iliocostalis Lumborum
		Semispinalis
		Multifidi Muscles
		Rotatores Muscles
		Gluteus Muscles
		Quadratus Lumborum
		Longissimus

RT	LT	ELBOW TO FINGER MUSCLES
		Hand extensor & brachioradialis muscles
		Finger extensor muscles
		Extensor digitorum & extensor indicis
		Supinator muscle
		Hand & Finger flexors in the forearm
		Flexores carpi radialis & ulnaris, flexores digitorum
		Superficialis & profundus, flexor pollicis
		Longus (pronator Teres)
		Adductor & opponens pollicis muscles; trigger thumb
		Interosseous muscles of the hand

RT	LT	UPPER, BACK, SHOULDER AND ARM MUSCLES
		Levator Scapulae muscle
		Scalene muscles
		Supraspinatus muscle
		Infraspinatus muscle
		Teres minor muscle
		Teres major
		Latissimus dorsi muscle
		Subscapularis muscle
		Rhomboideus major & minor muscle
		Deltoid muscle
		Coracobrachialis muscle
		Biceps brachii muscle
		Brachialis muscle
		Triceps brachii muscle

RT	LT	TORSO MUSCLES
		Pectoralis major muscle (subclavius muscle)
		Pectoralis minor muscle
		Sternalis muscle
		Serratus posterior superior muscle
		Serratus anterior muscle
		Serratus posterior inferior muscle
		Thoracolumbar paraspinal muscles
		Abdominal muscles

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Received Date 02192016

Patient Name: _____ Date: _____

CODE	DESCRIPTION	RIGHT	LEFT
<input type="checkbox"/> 64412	Injection, anesthetic agent; spinal accessory nerve		
<input type="checkbox"/> 64413	Injection, anesthetic agent; cervical plexus		
<input type="checkbox"/> 64405	Injection, anesthetic agent; occipital nerve		
<input type="checkbox"/> 64450	Injection, anesthetic agent; peripheral nerve or brunch		
<input type="checkbox"/> 64418	Injection, anesthetic agent; suprascapular nerve		
<input type="checkbox"/> 64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves		
<input type="checkbox"/> 64421	Injection, anesthetic agent; intercostal nerves, multiple, regional		
<input type="checkbox"/> 20552	Injection one or two muscles		
<input type="checkbox"/> 20553	Injection three or more muscles		

CODE	DESCRIPTION	RIGHT	LEFT
<input type="checkbox"/> 20999	Dry Needling		
<input type="checkbox"/> 76942	Ultrasound		
<input type="checkbox"/>	Platelet Rich Plasma injection		
<input type="checkbox"/> 20610	Intra Articular/ Injection shoulder		
<input type="checkbox"/> 20610	Intra Articular injection knee		
<input type="checkbox"/> 64633	C-Spine Facet joint injection single		
<input type="checkbox"/> 64634	C Facet joint injection additional		
<input type="checkbox"/> 64633	T-Facet joint injection single		
<input type="checkbox"/> 64634	T Facet joint injection additional		
<input type="checkbox"/> 64635	L-Facet joint injection single		
<input type="checkbox"/> 64636	L Facet joint injection additional		
<input type="checkbox"/> 64635	S-Facet joint injection single		
<input type="checkbox"/> 64636	S facet joint injection additional		
<input type="checkbox"/>			

JULES F. PARISIEN, M.D.

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Patient Name: _____ Date: _____

Number of cartridge injected:

A sterile field was created over the regions to be injected. The skin was prepped with Betadine. The areas to be injected were cleaned with alcohol, the patient's skin was sprayed with topical anesthetic ethyl chloride, and each area/trigger point was injected with 0.5cc of 0.5% Marcaine via 3cc syringe with a 1 - 1/2 x 25G sterile hypodermic needle. Needling was performed to further breakup the trigger points.

- ☐ Patient tolerated the procedure well
☐ Patient developed a mild transient lightheadedness of a few minutes duration
☐ No complications, no complains
☒ Other: _____

(✓) Follow-up in 2-3-4 weeks

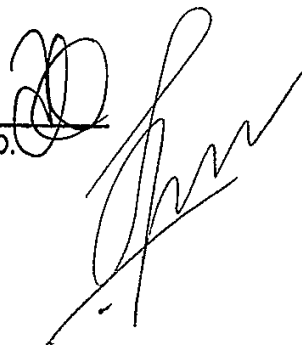
Prognosis: ___ Excellent ___ Good ✓ Fair ___ Poor ___ Guarded

Patient was instructed on post injection care and reported some decreased muscle stiffness and some decreased pain following the procedure.

DISABILITY PROGNOSIS:

It is my opinion, based on the history of the patient's symptoms, diagnosis and examination findings, that the above noted injuries were sustained/aggravated in the accident that occurred on _____, and the disability resulting from it is/ maybe/ of a temporary/ permanent nature. The prognosis for a recovery is presently (cautiously optimistic/ guarded).

Physician's Signature: _____
JULES F. PARISIEN, M.D.



201602190005227

MM 02192016

201602198028190002

Received Date 02192016



JULES F. PARISIEN, M.D.

RE-EVALUATION

Date: 5-25-16.

Patient: J.L. Age: 46 Sex: FM D.O.A.: 4-19-16.

HISTORY: This report covers date of services from 5/25 to 5/25. Secondary to an accident, injury(ies) to the C/S, T/L/S, RUE, LLE was/were reported.

LAST RECOMMENDATION/ PLAN OF CARE: On the last visit, the following recommendation(s) were made:

- ☐ Consult/Test Results: PM
☐ Treatment: ☒ Physical Therapy ☐ Medications ☐ Orthotics ☒ Chiropractic ☒ Acupuncture
☐ Status: ☐ No Improvement ☒ Moderate Improvement ☐ Marked Improvement

HPI:

Subjective:

MUSCULOSKELETAL PLAN

- ☒ Neck ☐ Radiating to: ☐ Atrophy
☒ Back ☐ Radiating to: ☐ Swelling
☐ Hand ☐ Wrist ☐ Elbow ☒ Shoulder ☐ Hip
☐ Foot ☐ Ankle ☒ Knee ☐ Tooth ☐ Jaw
☐ Other: (L)

PAST MEDICAL HISTORY

- ☒ Asthma ☐ Dizziness
☐ Diabetes ☐ Type I
☐ Type II
☐ Osteoporosis
☐ Other: Alcohol

ALLERGIES

- ☐ NKDA
☐ Local Anesthetic
☐ Corticosteroids
☐ Seasonal Food
☒ Other: PCN

Pain: ☐ Exacerbated ☐ Same ☒ Decreased ☐ No Pain

Pain Scale:

☒ C-Spine 8 ☒ T-Spine 7 ☒ L-Spine 7 ☒ Shoulder R/L 9 ☒ Knee Pain R/L

Description: ☐ Sharp ☐ Shooting ☐ Stabbing ☐ Aching ☐ Pulsating ☐ Other:

Activity Level: ☐ Unchanged ☒ Diminished ☐ Significantly Restricted

Physical Examination: ☐ Ht 5'7" ☐ Wt 226 ☐ BP ☐ P ☐ SpO2

HEENT:	GU: <u> </u>
Skin: <u> </u>	Musculoskeletal: <u>Pain & tenderness</u>
Resp: <u> </u>	<u>to C/S, T/L/S, RUE, LLE.</u>
Cardio: <u> </u>	<u>Repetitive exam important to patient</u>
GI: <u> </u>	<u>Refused. Pain management.</u>

Patient Name: _____ Date: _____

- ☐ Hypersensitive bundle/ nodule present
- ☐ Pain elicited when palpated
- ☐ Radiation of pain when palpated
- ☐ "Jump sign" when palpated
- ☐ Twitch response when palpated

Radiology Results: Skull radi → @ tear, popliteal cyst @; intrameniscal degeneration

Objective: HNP → C2-3, C3-4, C4-5, C5-6.
O/E N C/S. L/S. H/S. LLE
(+) Tenderness (+) stiffness

Assessment/Diagnosis: C, T, L S/S E RUE & LLE S/S.

The patient is: ☐ totally disabled ☐ partially disabled ☐ not disabled from previous work as a/an _____
 Permanency is: ☐ probable ☐ possible ☐ expected ☐ total ☐ marked partial ☐ moderate partial ☐ mild partial

Diagnostic Impression:

- | | | | |
|--|----------|--|----------|
| <input checked="" type="checkbox"/> Headaches | R51 | <input type="checkbox"/> Sprain of ligaments of thoracic spine, initial encounter | S23.3XXA |
| <input checked="" type="checkbox"/> Post-traumatic headache | G44.3 | <input type="checkbox"/> Sprain of ligaments of lumbar spine, initial encounter | S33.5XXA |
| <input type="checkbox"/> Acute post-traumatic headache | G44.31 | <input type="checkbox"/> Sprain of other parts of lumbar spine and pelvis, initial encounter | S33.8XXA |
| <input type="checkbox"/> Chest Pain, Unspecified | R07.9 | <input type="checkbox"/> Other specific joint derangements of shoulder, not elsewhere classified | M24.81 |
| <input type="checkbox"/> Concussion without loss of consciousness, initial encounter | S06.0X0A | <input type="checkbox"/> Other specific joint derangements of elbow, not elsewhere classified | M24.82 |
| <input type="checkbox"/> Concussion with loss of consciousness of unspecified duration | S06.0X9 | <input type="checkbox"/> Other specific joint derangements of wrist, not elsewhere classified | M24.83 |
| <input type="checkbox"/> Other dorsalgia | M54.89 | <input type="checkbox"/> Other specific joint derangements of hand, not elsewhere classified | M24.84 |
| <input checked="" type="checkbox"/> Low back pain | M54.5 | <input type="checkbox"/> Other specific joint derangements of hip, not elsewhere classified | M24.85 |
| <input checked="" type="checkbox"/> Cervicalgia | M54.2 | <input type="checkbox"/> Other specific joint derangements of ankle and foot, not elsewhere classified | M24.87 |
| <input type="checkbox"/> Lumbago with sciatica | M54.4 | <input type="checkbox"/> Pain in hip | M25.55 |
| <input type="checkbox"/> Sciatica | M54.3 | <input checked="" type="checkbox"/> Pain in shoulder (R) | M25.51 |
| <input type="checkbox"/> Radiculopathy, site unspecified | M54.10 | <input type="checkbox"/> Pain in elbow | M25.52 |
| <input checked="" type="checkbox"/> Radiculopathy, cervical region | M54.12 | <input type="checkbox"/> Pain in wrist | M25.53 |
| <input type="checkbox"/> Radiculopathy, cervicothoracic region | M54.13 | <input checked="" type="checkbox"/> Pain in knee (L) | M25.56 |
| <input checked="" type="checkbox"/> Radiculopathy, thoracic region | M54.14 | <input type="checkbox"/> Pain in ankle and joints of foot | M25.57 |
| <input type="checkbox"/> Radiculopathy, thoracolumbar region | M54.15 | <input type="checkbox"/> Sprain of shoulder joint | S43.4 |
| <input checked="" type="checkbox"/> Radiculopathy, lumbar region | M54.16 | <input type="checkbox"/> Sprain of collateral ligament of knee | S83.4 |
| <input type="checkbox"/> Radiculopathy, lumbosacral region | M54.17 | <input type="checkbox"/> Sprain of cruciate ligament of knee | S83.5 |
| <input type="checkbox"/> Radiculopathy, sacral and sacrococcygeal region | M54.18 | <input type="checkbox"/> Sprain of other specified parts of knee | S83.8 |
| <input type="checkbox"/> Fusion of spine, cervical region | M43.22 | <input type="checkbox"/> Tear of articular cartilage of knee, current | S83.3 |
| <input type="checkbox"/> Fusion of spine, cervicothoracic region | M43.23 | <input checked="" type="checkbox"/> Tear of meniscus, current injury (D) | S83.2 |
| <input type="checkbox"/> Fusion of spine, thoracic region | M43.24 | | |
| <input type="checkbox"/> Fusion of spine, thoracolumbar region | M43.25 | | |
| <input type="checkbox"/> Fusion of spine, lumbar region | M43.26 | | |
| <input type="checkbox"/> Fusion of spine, lumbosacral region | M43.27 | | |
| <input type="checkbox"/> Dorsopathy, unspecified | M53.9 | | |
| <input type="checkbox"/> Sprain of ligaments of cervical spine initial encounter | S13.4XXA | | |

Patient Name: _____ Date: _____

- | | | | |
|---|----------|---|--------|
| <input checked="" type="checkbox"/> Internal derangement of knee (2) | M23 | <input type="checkbox"/> Other intervertebral disc displacement, lumbosacral region | M51.27 |
| <input type="checkbox"/> Elevated blood-pressure reading, without diagnosis of hypertension | R03.0 | <input type="checkbox"/> Other thoracic, thoracolumbar and lumbosacral intervertebral disc degeneration | M51.3 |
| <input type="checkbox"/> Contusion of right thigh, initial encounter | S70.11XA | <input type="checkbox"/> Other synovitis and tenosynovitis, Shoulder | M65.81 |
| <input type="checkbox"/> Contusion of left thigh, initial encounter | S70.12XA | <input type="checkbox"/> Other synovitis and tenosynovitis, upper arm | M65.82 |
| <input type="checkbox"/> Acute stress reaction | F43.0 | <input type="checkbox"/> Other synovitis and tenosynovitis, Forearm | M65.83 |
| <input type="checkbox"/> Other cervical disc displacement, unspecified cervical region | M50.20 | <input type="checkbox"/> Other synovitis and tenosynovitis, hand | M65.84 |
| <input type="checkbox"/> Other cervical disc displacement, high cervical region | M50.21 | <input type="checkbox"/> Other synovitis and tenosynovitis, thigh | M65.85 |
| <input type="checkbox"/> Other cervical disc displacement, mid-cervical region | M50.22 | <input type="checkbox"/> Other synovitis and tenosynovitis, lower leg | M65.86 |
| <input type="checkbox"/> Other cervical disc displacement, cervicothoracic region | M50.23 | <input type="checkbox"/> Other synovitis and tenosynovitis, ankle and foot | M65.87 |
| <input type="checkbox"/> Other cervical disc degeneration | M50.3 | <input type="checkbox"/> Medial epicondylitis | M77.0 |
| <input type="checkbox"/> Other intervertebral disc displacement, thoracic region | M51.24 | <input type="checkbox"/> Lateral epicondylitis | M77.1 |
| <input type="checkbox"/> Other intervertebral disc displacement, thoracolumbar region | M51.25 | | |
| <input type="checkbox"/> Other intervertebral disc displacement, lumbar region | M51.26 | | |

NEW RECOMMENDED PLAN OF CARE:

- ☒ The patient was informed in the use of over the counter NSAID's, and demonstrates a clear understanding of the indicated usage.
- ☒ The patient is advised to start on a course of **Therapeutics Injections** _____.
- ☐ The patient is advised to start on a course of **Platelet Rich Plasma Injections** _____.
- ☐ _____

Because of the above findings the following are necessary for proper management of the patient:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Orthopedic Consultation | <input type="checkbox"/> Neurological Consultation | <input type="checkbox"/> Dental Consultation |
| <input type="checkbox"/> Internal Medicine Consultation | <input type="checkbox"/> Ophthalmology Consultation | <input type="checkbox"/> HEENT Consultation |
| <input checked="" type="checkbox"/> Chiropractor | <input checked="" type="checkbox"/> Acupuncture | <input checked="" type="checkbox"/> Pain Management |

AUTHORIZATION REQUEST (Worker's Compensation Only):

This is formal Authorization Request For:

- ☐ MUA _____ ☐ EMG _____ ☐ MRI _____
- ☐ THERAPEUTIC INJECTIONS _____
- ☐ PLATELET RICH PLASMA INJECTION _____

Patient Name: _____ Date: _____

TREATMENT:

Patient rate average pain on a comfort level at: _____ base on a scale of 0 to 10. No comfort (zero) to well (ten).
The following treatment modalities are being applied individually of in combination to decreased pain and improve function and quality of life:

- ☐ Nerve Block Injections:
- ☐ Trigger Point Injections:
- ☐ Facet Join Injections:
- ☐ Intra-articular Injections:
- ☐ Platelet Rich Plasma Injections:

USING:

After obtaining verbal consent the patient received trigger point/nerve block injections to the following areas:

- ☐ Surface anatomy technique
- ☐ Radiology anatomy technique (C-Arm)

USING: ☐ 1% Lidocaine ☐ Depomedrol 40 mg/cc ☐ 0.25% Marcaine ☐ 0.25% Sensorcaine ☐ 0.25% Bupivacaine

<p>Nerve block administered to:</p> <ul style="list-style-type: none"><input type="checkbox"/> Thoracic C7-T1<input type="checkbox"/> Lumbar paravertebral sympathetic nerve<input type="checkbox"/> Bilaterally <input type="checkbox"/> Unilaterally	<p>Trigger Point is administered to:</p> <ul style="list-style-type: none"><input type="checkbox"/> The following muscles: _____<input type="checkbox"/> Bilaterally <input type="checkbox"/> Unilaterally
--	---

Treatment Plan and Recommendation:

- ☐ Bed Rest
- ☐ Avoid Physical Activity
- ☒ Physical Therapy
- ☒ The patient advised to attend a supervised physical therapy program on a regular schedule basis 3-5 times a week
- ☐ Application of Synoptic NM Block, continues/reciprocal duration of the treatment 15mins

Patient Name: _____ Date: _____

RT	LT	HEAD AND NECK MUSCLES
		Trapezius Muscle
		Sternocleidomastoid muscle
		Masseter muscle
		Temporalis muscle
		Medial (Internal) Pterygoid muscle
		Lateral (External) Pterygoid muscle
		Digastric muscle
		Cutaneous II: Occipitofrontalis
		Splenius capitis & splenius cervicis muscles
		Posterior cervical muscle
		Semispinalis capitis, Semispinalis cervicis & multifid
		Suboccipital muscles
		Recti capitis posterior major & minor, obliqui inferior and superior

RT	LT	LUMBAR PARASPINAL MUSCLES
		Erectors Spinae
		Iliocostalis Thoracis
		Iliocostalis Lumborum
		Semispinalis
		Multifidi Muscles
		Rotatores Muscles
		Gluteus Muscles
		Quadratus Lumborum
		Longissimus

RT	LT	ELBOW TO FINGER MUSCLES
		Hand extensor & brachioradialis muscles
		Finger extensor muscles
		Extensor digitorum & extensor indicis
		Supinator muscle
		Hand & Finger flexors in the forearm
		Flexores carpi radialis & ulnaris, flexores digitorum
		Superficialis & profundus, flexor pollicis
		Longus (pronator Teres)
		Adductor & opponens pollicis muscles; trigger thumb
		Interosseous muscles of the hand

RT	LT	UPPER, BACK, SHOULDER AND ARM MUSCLES
		Levator Scapulae muscle
		Scalene muscles
		Supraspinatus muscle
		Infraspinatus muscle
		Teres minor muscle
		Teres major
		Latissimus dorsi muscle
		Subscapularis muscle
		Rhomboides major & minor muscle
		Deltoid muscle
		Coracobrachialis muscle
		Biceps brachii muscle
		Brachialis muscle
		Triceps brachii muscle

RT	LT	TORSO MUSCLES
		Pectoralis major muscle (subclavius muscle)
		Pectoralis minor muscle
		Sternalis muscle
		Serratus posterior superior muscle
		Serratus anterior muscle
		Serratus posterior inferior muscle
		Thoracolumbar paraspinal muscles
		Abdominal muscles

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201606070006944
201606078035770002

MM 06072016
Received Date 06072016

Patient Name: _____ Date: _____

CODE	DESCRIPTION	RIGHT	LEFT
<input type="checkbox"/> 64412	Injection, anesthetic agent; spinal accessory nerve		
<input type="checkbox"/> 64413	Injection, anesthetic agent; cervical plexus		
<input type="checkbox"/> 64405	Injection, anesthetic agent; occipital nerve		
<input type="checkbox"/> 64450	Injection, anesthetic agent; peripheral nerve or brunch		
<input type="checkbox"/> 64418	Injection, anesthetic agent; suprascapular nerve		
<input type="checkbox"/> 64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves		
<input type="checkbox"/> 64421	Injection, anesthetic agent; intercostal nerves, multiple, regional		
<input type="checkbox"/> 20552	Injection one or two muscles		
<input type="checkbox"/> 20553	Injection three or more muscles		

CODE	DESCRIPTION	RIGHT	LEFT
<input type="checkbox"/> 20999	Dry Needling		
<input type="checkbox"/> 76942	Ultrasound		
<input type="checkbox"/>	Platelet Rich Plasma injection		
<input type="checkbox"/> 20610	Intra Articular Injection shoulder		
<input type="checkbox"/> 20610	Intra Articular injection knee		
<input type="checkbox"/> 64633	C-Spine Facet joint injection single		
<input type="checkbox"/> 64634	C Facet joint injection additional		
<input type="checkbox"/> 64633	T-Facet joint injection single		
<input type="checkbox"/> 64634	T Facet joint injection additional		
<input type="checkbox"/> 64635	L-Facet joint injection single		
<input type="checkbox"/> 64636	L Facet joint injection additional		
<input type="checkbox"/> 64635	S-Facet joint injection single		
<input type="checkbox"/> 64636	S facet joint injection additional		
<input type="checkbox"/>			

JULES F. PARISIEN, M.D.

6

201606070006944

MM 06072016

201606078035770002

Received Date 06072016

Patient Name: _____ Date: _____

Number of cartridge injected:

A sterile field was created over the regions to be injected. The skin was prepped with Betadine. The areas to be injected were cleaned with alcohol, the patient's skin was sprayed with topical anesthetic ethyl chloride, and each area/trigger point was injected with 0.5cc of 0.5% Marcaine via 3cc syringe with a 1 - ½ x 25G sterile hypodermic needle. Needling was performed to further breakup the trigger points.

- ☐ Patient tolerated the procedure well
- ☐ Patient developed a mild transient lightheadedness of a few minutes duration
- ☐ No complications, no complains
- ☐ Other: _____

(✓) Follow-up in 2-3-4 weeks

Porgnosis: ___ Excellent ___ Good ___ Fair ___ Poor ✓ Guarded

Patient was instructed on post injection care and reported some decreased muscle stiffness and some decreased pain following the procedure.

DISABILITY PROGNOSIS:

It is my opinion, based on the history of the patient's symptoms, diagnosis and examination findings, that the above noted injuries were sustained/aggravated in the accident that occurred on _____, and the disability resulting from it is/ maybe/ of a temporary/ permanent nature. The prognosis for a recovery is presently (caustiously optimistic/ guarded).

DISCHARGE:

The patient was discharged from treatment on _____ (date) because

___ Patient's no-fault benefits was cut-off

___ Patient has reached medical maximum improvement.

Physician's Signature: _____

JULES F. PARISIEN, M.D.

[Handwritten signature]



FRANCIS JOSEPH LACINA, M.D.

RE-EVALUATION

Date: 12/7/16
J.C.

Patient: _____ Age: _____ Sex: F/M D.O.A.: 9/20/2016

HISTORY: This report covers date of services from _____ to _____. Secondary to an accident, injury(ies) to the Back, @ shld, @ knee was/were reported.

LAST RECOMMENDATION/ PLAN OF CARE: On the last visit, the following recommendation(s) were made:

- ☒ Consult/Test Results: MRI results
☐ Treatment: ☐ Physical Therapy ☐ Medications ☐ Orthotics ☐ Chiropractic ☐ Acupuncture
☐ Status: ☐ No Improvement ☒ Moderate Improvement ☐ Marked Improvement

HPI:

Subjective:

MUSCULOSKELETAL PLAN

<input type="checkbox"/> Neck	<input type="checkbox"/> Radiating to: _____	<input type="checkbox"/> Atrophy
<input checked="" type="checkbox"/> Back	<input type="checkbox"/> Radiating to: _____	<input type="checkbox"/> Swelling
<input type="checkbox"/> Hand	<input type="checkbox"/> Wrist <input type="checkbox"/> Elbow	<input checked="" type="checkbox"/> Shoulder <input type="checkbox"/> Hip
<input type="checkbox"/> Foot	<input type="checkbox"/> Ankle <input type="checkbox"/> Knee	<input type="checkbox"/> Tooth <input type="checkbox"/> Jaw
<input type="checkbox"/> Other: _____		

PAST MEDICAL HISTORY

<input type="checkbox"/> Asthma	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Type I
	<input type="checkbox"/> Type II
<input type="checkbox"/> Osteoporosis	
<input type="checkbox"/> Other: _____	

ALLERGIES

<input checked="" type="checkbox"/> NKDA
<input type="checkbox"/> Local Anesthetic
<input type="checkbox"/> Cortecosteroids
<input type="checkbox"/> Seasonal Food
<input type="checkbox"/> Other: _____

Pain: ☐ Exacerbated ☒ Same ☐ Decreased ☐ No Pain

Pain Scale:

☐ C-Spine _____ ☐ T-Spine _____ ☒ L-Spine 7 ☐ Shoulder/R/L 6-7 ☒ Knee Pain R/L 2-3

Description: ☐ Sharp ☐ Shooting ☒ Stabbing ☐ Aching ☐ Pulsating ☐ Other _____

Activity Level: ☐ Unchanged ☒ Diminished ☐ Significantly Restricted

Physical Examination: ☐ Ht _____ ☐ Wt _____ ☐ BP _____ ☐ P _____ ☐ SpO2 _____

HEENT:	GU:
Skin:	Musculoskeletal: <u>C @ sided spine</u>
Resp:	<u>→ @ shld c severe tenderness and</u>
Cardio:	<u>↳ from 2° pain</u>
GI:	<u>↳ knee c @ PS tenderness in all</u>

L-4/5
@ knee tenderness @ distal quad + patella

Patient Name: _____ Date: _____

- ☐ Hypersensitive bundle/ nodule present
- ☒ Pain elicited when palpated
- ☒ Radiation of pain when palpated
- ☐ "Jump sign" when palpated
- ☐ Twitch response when palpated

Radiology Results: (R) shld = derangement multiple will see

Objective: ortho meet week. Also just reviewed MRI (R) knee
and has tear patella ligament; medial meniscus post horn tear

Assessment/Diagnosis: Discussed injecting as adjunct for pain mgmt.
Lumbar HNP = multiple HNP

The patient is: ☐ totally disabled ☐ partially disabled ☐ not disabled from previous work as a/an _____
Permanency is: ☐ probable ☐ possible ☐ expected ☐ total ☐ marked partial ☐ moderate partial ☐ mild partial

Diagnostic Impression:

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> Headaches | R51 | <input type="checkbox"/> Sprain of ligaments of thoracic spine, initial encounter | S23.3XXA |
| <input type="checkbox"/> Post-traumatic headache | G44.3 | <input type="checkbox"/> Sprain of ligaments of lumbar spine, initial encounter | S33.5XXA |
| <input type="checkbox"/> Acute post-traumatic headache | G44.31 | <input type="checkbox"/> Sprain of other parts of lumbar spine and pelvis, initial encounter | S33.8XXA |
| <input type="checkbox"/> Chest Pain, Unspecified | R07.9 | <input type="checkbox"/> Other specific joint derangements of shoulder, not elsewhere classified | M24.81 |
| <input type="checkbox"/> Concussion without loss of consciousness, initial encounter | S06.0X0A | <input type="checkbox"/> Other specific joint derangements of elbow, not elsewhere classified | M24.82 |
| <input type="checkbox"/> Concussion with loss of consciousness of unspecified duration | S06.0X9 | <input type="checkbox"/> Other specific joint derangements of wrist, not elsewhere classified | M24.83 |
| <input type="checkbox"/> Other dorsalgia | M54.89 | <input type="checkbox"/> Other specific joint derangements of hand, not elsewhere classified | M24.84 |
| <input checked="" type="checkbox"/> Low back pain | M54.5 | <input type="checkbox"/> Other specific joint derangements of hip, not elsewhere classified | M24.85 |
| <input checked="" type="checkbox"/> Cervicalgia | M54.2 | <input type="checkbox"/> Other specific joint derangements of ankle and foot, not elsewhere classified | M24.87 |
| <input type="checkbox"/> Lumbago with sciatica | M54.4 | <input type="checkbox"/> Pain in hip | M25.55 |
| <input type="checkbox"/> Sciatica | M54.3 | <input type="checkbox"/> Pain in shoulder | M25.51 |
| <input type="checkbox"/> Radiculopathy, site unspecified | M54.10 | <input type="checkbox"/> Pain in elbow | M25.52 |
| <input type="checkbox"/> Radiculopathy, cervical region | M54.12 | <input type="checkbox"/> Pain in wrist | M25.53 |
| <input type="checkbox"/> Radiculopathy, cervicothoracic region | M54.13 | <input type="checkbox"/> Pain in knee | M25.56 |
| <input type="checkbox"/> Radiculopathy, thoracic region | M54.14 | <input type="checkbox"/> Pain in ankle and joints of foot | M25.57 |
| <input type="checkbox"/> Radiculopathy, thoracolumbar region | M54.15 | <input checked="" type="checkbox"/> Sprain of shoulder joint | S43.4 |
| <input type="checkbox"/> Radiculopathy, lumbar region | M54.16 | <input type="checkbox"/> Sprain of collateral ligament of knee | S83.4 |
| <input type="checkbox"/> Radiculopathy, lumbosacral region | M54.17 | <input type="checkbox"/> Sprain of cruciate ligament of knee | S83.5 |
| <input type="checkbox"/> Radiculopathy, sacral and sacrococcygeal region | M54.18 | <input type="checkbox"/> Sprain of other specified parts of knee | S83.8 |
| <input type="checkbox"/> Fusion of spine, cervical region | M43.22 | <input type="checkbox"/> Tear of articular cartilage of knee, current | S83.3 |
| <input type="checkbox"/> Fusion of spine, cervicothoracic region | M43.23 | <input type="checkbox"/> Tear of meniscus, current injury | S83.2 |
| <input type="checkbox"/> Fusion of spine, thoracic region | M43.24 | | |
| <input type="checkbox"/> Fusion of spine, thoracolumbar region | M43.25 | | |
| <input type="checkbox"/> Fusion of spine, lumbar region | M43.26 | | |
| <input type="checkbox"/> Fusion of spine, lumbosacral region | M43.27 | | |
| <input type="checkbox"/> Dorsopathy, unspecified | M53.9 | | |
| <input type="checkbox"/> Sprain of ligaments of cervical spine initial encounter | S13.4XXA | | |

Patient Name: _____ Date: _____

- | | | | |
|---|----------|---|--------|
| <input type="checkbox"/> Internal derangement of knee | M23 | <input type="checkbox"/> Other intervertebral disc displacement, lumbosacral region | M51.27 |
| <input type="checkbox"/> Elevated blood-pressure reading, without diagnosis of hypertension | R03.0 | <input type="checkbox"/> Other thoracic, thoracolumbar and lumbosacral intervertebral disc degeneration | M51.3 |
| <input type="checkbox"/> Contusion of right thigh, initial encounter | S70.11XA | <input type="checkbox"/> Other synovitis and tenosynovitis, Shoulder | M65.81 |
| <input type="checkbox"/> Contusion of left thigh, initial encounter | S70.12XA | <input type="checkbox"/> Other synovitis and tenosynovitis, upper arm | M65.82 |
| <input type="checkbox"/> Acute stress reaction | F43.0 | <input type="checkbox"/> Other synovitis and tenosynovitis, Forearm | M65.83 |
| <input type="checkbox"/> Other cervical disc displacement, unspecified cervical region | M50.20 | <input type="checkbox"/> Other synovitis and tenosynovitis, hand | M65.84 |
| <input type="checkbox"/> Other cervical disc displacement, high cervical region | M50.21 | <input type="checkbox"/> Other synovitis and tenosynovitis, thigh | M65.85 |
| <input type="checkbox"/> Other cervical disc displacement, mid-cervical region | M50.22 | <input type="checkbox"/> Other synovitis and tenosynovitis, lower leg | M65.86 |
| <input type="checkbox"/> Other cervical disc displacement, cervicothoracic region | M50.23 | <input type="checkbox"/> Other synovitis and tenosynovitis, ankle and foot | M65.87 |
| <input type="checkbox"/> Other cervical disc degeneration | M50.3 | <input type="checkbox"/> Medial epicondylitis | M77.0 |
| <input type="checkbox"/> Other intervertebral disc displacement, thoracic region | M51.24 | <input type="checkbox"/> Lateral epicondylitis | M77.1 |
| <input type="checkbox"/> Other intervertebral disc displacement, thoracolumbar region | M51.25 | | |
| <input type="checkbox"/> Other intervertebral disc displacement, lumbar region | M51.26 | | |

NEW RECOMMENDED PLAN OF CARE:

- ☐ The patient was informed in the use of over the counter NSAID's, and demonstrates a clear understanding of the indicated usage.
- ☐ The patient is advised to start on a course of Therapeutics Injections _____.
- ☐ The patient is advised to start on a course of Platelet Rich Plasma Injections _____.
- ☐ _____

Because of the above findings the following are necessary for proper management of the patient:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Orthopedic Consultation | <input type="checkbox"/> Neurological Consultation | <input type="checkbox"/> Dental Consultation |
| <input type="checkbox"/> Internal-Medicine Consultation | <input type="checkbox"/> Ophthalmology Consultation | <input type="checkbox"/> HEENT Consultation |
| <input checked="" type="checkbox"/> Chiropractor | <input checked="" type="checkbox"/> Acupuncture | <input checked="" type="checkbox"/> Pain Management |

AUTHORIZATION REQUEST (Worker's Compensation Only):

This is formal Authorization Request For:

- ☐ MUA _____ ☐ EMG _____ ☐ MRI _____
- ☐ THERAPEUTIC INJECTIONS _____
- ☐ PLATELET RICH PLASMA INJECTION _____

Patient Name: _____ Date: _____

TREATMENT:

Patient rate average pain on a comfort level at: _____ base on a scale of 0 to 10. No comfort (zero) to well (ten).
The following treatment modalities are being applied individually or in combination to decreased pain and improve function and quality of life:

- ☐ Nerve Block Injections: _____
- ☐ Trigger Point Injections: _____
- ☐ Facet Joint Injections: _____
- ☐ Intra-articular Injections: _____
- ☐ Platelet Rich Plasma Injections: _____

USING:

After obtaining verbal consent the patient received trigger point/nerve block injections to the following areas:

- ☐ Surface anatomy technique
- ☐ Radiology anatomy technique (C-Arm)

USING: ☐ 1% Lidocaine ☐ Depomedrol 40 mg/cc ☐ 0.25% Marcaine ☐ 0.25% Sensorcaine ☐ 0.25% Bupivacaine

<p>Nerve block administered to:</p> <ul style="list-style-type: none"><input type="checkbox"/> Thoracic C7-T1<input type="checkbox"/> Lumbar paravertebral sympathetic nerve<input type="checkbox"/> Bilaterally <input type="checkbox"/> Unilaterally	<p>Trigger Point is administered to:</p> <ul style="list-style-type: none"><input type="checkbox"/> The following muscles: _____<input type="checkbox"/> Bilaterally <input type="checkbox"/> Unilaterally
--	---

Treatment Plan and Recommendation:

- ☐ Bed Rest
- ☐ Avoid Physical Activity
- ☒ Physical Therapy
- ☒ The patient advised to attend a supervised physical therapy program on a regular schedule basis 3-5 times a week
- ☐ Application of Synoptic NM Block, continues/reciprocal duration of the treatment 15mins

Patient Name: _____ Date: _____

RT	LT	HEAD AND NECK MUSCLES
		Trapezius Muscle
		Sternocleidomastoid muscle
		Masseter muscle
		Temporalis muscle
		Medial (Internal) Pterygoid muscle
		Lateral (External) Pterygoid muscle
		Digastric muscle
		Cutaneous II: Occipitofrontalis
		Splenius capitis & splenius cervicis muscles
		Posterior cervical muscle
		Semispinalis capitis, Semispinalis cervicis & multifid
		Suboccipital muscles
		Recti capitis posterior major & minor, obliqui inferior and superior

RT	LT	LUMBAR PARASPINAL MUSCLES
		Erectors Spinae
		Iliocostalis Thoracis
		Iliocostalis Lumborum
		Semispinalis
		Multifidi Muscles
		Rotatores Muscles
		Gluteus Muscles
		Quadratus Lumborum
		Longissimus

RT	LT	ELBOW TO FINGER MUSCLES
		Hand extensor & brachioradialis muscles
		Finger extensor muscles
		Extensor digitorum & extensor indicis
		Supinator muscle
		Hand & Finger flexors in the forearm
		Flexores carpi radialis & ulnaris, flexores digitorum
		Superficialis & profundus, flexor pollicis
		Longus (pronator Teres)
		Adductor & opponens pollicis muscles; trigger thumb
		Interosseous muscles of the hand

RT	LT	UPPER, BACK, SHOULDER AND ARM MUSCLES
		Levator Scapulae muscle
		Scalene muscles
		Supraspinatus muscle
		Infraspinatus muscle
		Teres minor muscle
		Teres major
		Latissimus dorsi muscle
		Subscapularis muscle
		Rhomboides major & minor muscle
		Deltoid muscle
		Coracobrachialis muscle
		Biceps brachii muscle
		Brachialis muscle
		Triceps brachii muscle

RT	LT	TORSO MUSCLES
		Pectoralis major muscle (subclavius muscle)
		Pectoralis minor muscle
		Sternalis muscle
		Serratus posterior superior muscle
		Serratus anterior muscle
		Serratus posterior inferior muscle
		Thoracolumbar paraspinal muscles
		Abdominal muscles

201612190008399

MM 12192016

201612198037450002

Received Date 12192016

Patient Name: _____ Date: _____

CODE	DESCRIPTION	RIGHT	LEFT
<input type="checkbox"/> 64412	Injection, anesthetic agent; spinal accessory nerve		
<input type="checkbox"/> 64413	Injection, anesthetic agent; cervical plexus		
<input type="checkbox"/> 64405	Injection, anesthetic agent; occipital nerve		
<input type="checkbox"/> 64450	Injection, anesthetic agent; peripheral nerve or brunch		
<input type="checkbox"/> 64418	Injection, anesthetic agent; suprascapular nerve		
<input type="checkbox"/> 64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves		
<input type="checkbox"/> 64421	Injection, anesthetic agent; intercostal nerves, multiple, regional		
<input type="checkbox"/> 20552	Injection one or two muscles		
<input type="checkbox"/> 20553	Injection three or more muscles		

CODE	DESCRIPTION	RIGHT	LEFT
<input type="checkbox"/> 20999	Dry Needling		
<input type="checkbox"/> 76942	Ultrasound		
<input type="checkbox"/>	Platelet Rich Plasma injection		
<input type="checkbox"/> 20610	Intra Articular/ Injection shoulder		
<input type="checkbox"/> 20610	Intra Articular injection knee		
<input type="checkbox"/> 64633	C-Spine Facet joint injection single		
<input type="checkbox"/> 64634	C Facet joint injection additional		
<input type="checkbox"/> 64633	T-Facet joint injection single		
<input type="checkbox"/> 64634	T Facet joint injection additional		
<input type="checkbox"/> 64635	L-Facet joint injection single		
<input type="checkbox"/> 64636	L Facet joint injection additional		
<input type="checkbox"/> 64635	S-Facet joint injection single		
<input type="checkbox"/> 64636	S facet joint injection additional		
<input type="checkbox"/>			

FRANCIS JOSEPH LACINA, M.D.

6

201612190008399

MM 12192016

201612198037450002

Received Date 12192016

Patient Name: _____ Date: _____

Number of cartridge injected:

A sterile field was created over the regions to be injected. The skin was prepped with Betadine. The areas to be injected were cleaned with alcohol, the patient's skin was sprayed with topical anesthetic ethyl chloride, and each area/trigger point was injected with 0.5cc of 0.5% Marcaine via 3cc syringe with a 1 - 1/2 x 25G sterile hypodermic needle. Needling was performed to further breakup the trigger points.

- ☐ Patient tolerated the procedure well
- ☐ Patient developed a mild transient lightheadedness of a few minutes duration
- ☐ No complications, no complains
- ☐ Other: _____

(~~X~~) Follow-up in 2-3-4 weeks

Prognosis: ___ Excellent ___ Good ___ Fair ___ Poor 2 Guarded

Patient was instructed on post injection care and reported some decreased muscle stiffness and some decreased pain following the procedure.

DISABILITY PROGNOSIS:

It is my opinion, based on the history of the patient's symptoms, diagnosis and examination findings, that the above noted injuries were sustained/aggravated in the accident that occurred on _____, and the disability resulting from it is/ maybe/ of a temporary/ permanent nature. The prognosis for a recovery is presently (cautiously optimistic/ guarded).

DISCHARGE:

The patient was discharged from treatment on _____ (date) because

___ Patient's no-fault benefits was cut-off

___ Patient has reached medical maximum improvement.

Physician's Signature: _____

FRANCIS JOSEPH LACINA, M.D.



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RE-EVALUATION

Date: 11/23/16

Patient: E.I. Age: 93 Sex: F D.O.A.: 10/17/14

HISTORY: This report covers date of services from _____ to _____. Secondary to an accident, injury(ies) to the lower back neck was/were reported.

LAST RECOMMENDATION/ PLAN OF CARE: On the last visit, the following recommendation(s) were made:

- ☐ Consult/Test Results: _____
☐ Treatment: ☐ Physical Therapy ☐ Medications ☐ Orthotics ☐ Chiropractic ☐ Acupuncture

- ☐ Status: ☐ No Improvement ☐ Moderate Improvement ☐ Marked Improvement

HPI: pain all in Ant neck with injured pain

Subjective:

MUSCULOSKELETAL PLAN

- ☒ Neck ☐ Radiating to: _____ ☐ Atrophy
☒ Back ☐ Radiating to: _____ ☐ Swelling
☐ Hand ☐ Wrist ☐ Elbow ☐ Shoulder ☐ Hip
☐ Foot ☐ Ankle ☐ Knee ☐ Tooth ☐ Jaw
☐ Other: _____

PAST MEDICAL HISTORY

- ☐ Asthma ☐ Dizziness
☐ Diabetes ☐ Type I
☐ Type II
☐ Osteoporosis
☐ Other: _____

ALLERGIES

- ☒ NKDA
☐ Local Anesthetic
☐ Cortecosteroids
☐ Seasonal Food
☐ Other: _____

Pain: ☐ Exacerbated ☐ Same ☒ Decreased ☐ No Pain

Pain Scale:

☒ C-Spine _____ ☐ T-Spine _____ ☒ L-Spine 4-5 ☐ Shoulder R/L _____ ☐ Knee Pain R/L _____

Description: ☐ Sharp ☐ Shooting ☒ Stabbing ☐ Aching ☐ Pulsating ☐ Other _____

Activity Level: ☐ Unchanged ☒ Diminished ☐ Significantly Restricted

Physical Examination: ☐ Ht _____ ☐ Wt _____ ☐ BP _____ ☐ P _____ ☐ SpO2 _____

HEENT:	GU:
Skin:	Musculoskeletal: <u>C min tenderness</u>
Resp:	<u>lower 5 min tenderness in (P)</u>
Cardio:	<u>PS muscles</u>
GI:	

Patient Name: _____ Date: _____

- ☒ Hypersensitive bundle/ nodule present
- ☐ Pain elicited when palpated
- ☐ Radiation of pain when palpated
- ☐ "Jump sign" when palpated
- ☐ Twitch response when palpated

Radiology Results: _____

Objective: _____

Assessment/Diagnosis: _____

The patient is: ☐ totally disabled ☐ partially disabled ☐ not disabled from previous work as a/an _____
 Permanency is: ☐ probable ☐ possible ☐ expected ☐ total ☐ marked partial ☐ moderate partial ☐ mild partial

Diagnostic Impression:

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> Headaches | R51 | <input type="checkbox"/> Sprain of ligaments of thoracic spine, initial encounter | S23.3XXA |
| <input type="checkbox"/> Post-traumatic headache | G44.3 | <input type="checkbox"/> Sprain of ligaments of lumbar spine, initial encounter | S33.5XXA |
| <input type="checkbox"/> Acute post-traumatic headache | G44.31 | <input type="checkbox"/> Sprain of other parts of lumbar spine and pelvis, initial encounter | S33.8XXA |
| <input type="checkbox"/> Chest Pain, Unspecified | R07.9 | <input type="checkbox"/> Other specific joint derangements of shoulder, not elsewhere classified | M24.81 |
| <input type="checkbox"/> Concussion without loss of consciousness, initial encounter | S06.0X0A | <input type="checkbox"/> Other specific joint derangements of elbow, not elsewhere classified | M24.82 |
| <input type="checkbox"/> Concussion with loss of consciousness of unspecified duration | S06.0X9 | <input type="checkbox"/> Other specific joint derangements of wrist, not elsewhere classified | M24.83 |
| <input type="checkbox"/> Other dorsalgia | M54.89 | <input type="checkbox"/> Other specific joint derangements of hand, not elsewhere classified | M24.84 |
| <input checked="" type="checkbox"/> Low back pain | M54.5 | <input type="checkbox"/> Other specific joint derangements of hip, not elsewhere classified | M24.85 |
| <input checked="" type="checkbox"/> Cervicalgia | M54.2 | <input type="checkbox"/> Other specific joint derangements of ankle and foot, not elsewhere classified | M24.87 |
| <input type="checkbox"/> Lumbago with sciatica | M54.4 | <input type="checkbox"/> Pain in hip | M25.55 |
| <input type="checkbox"/> Sciatica | M54.3 | <input type="checkbox"/> Pain in shoulder | M25.51 |
| <input type="checkbox"/> Radiculopathy, site unspecified | M54.10 | <input type="checkbox"/> Pain in elbow | M25.52 |
| <input type="checkbox"/> Radiculopathy, cervical region | M54.12 | <input type="checkbox"/> Pain in wrist | M25.53 |
| <input type="checkbox"/> Radiculopathy, cervicothoracic region | M54.13 | <input type="checkbox"/> Pain in knee | M25.56 |
| <input type="checkbox"/> Radiculopathy, thoracic region | M54.14 | <input type="checkbox"/> Pain in ankle and joints of foot | M25.57 |
| <input type="checkbox"/> Radiculopathy, thoracolumbar region | M54.15 | <input type="checkbox"/> Sprain of shoulder joint | S43.4 |
| <input type="checkbox"/> Radiculopathy, lumbar region | M54.16 | <input type="checkbox"/> Sprain of collateral ligament of knee | S83.4 |
| <input type="checkbox"/> Radiculopathy, lumbosacral region | M54.17 | <input type="checkbox"/> Sprain of cruciate ligament of knee | S83.5 |
| <input type="checkbox"/> Radiculopathy, sacral and sacrococcygeal region | M54.18 | <input type="checkbox"/> Sprain of other specified parts of knee | S83.8 |
| <input type="checkbox"/> Fusion of spine, cervical region | M43.22 | <input type="checkbox"/> Tear of articular cartilage of knee, current | S83.3 |
| <input type="checkbox"/> Fusion of spine, cervicothoracic region | M43.23 | <input type="checkbox"/> Tear of meniscus, current injury | S83.2 |
| <input type="checkbox"/> Fusion of spine, thoracic region | M43.24 | | |
| <input type="checkbox"/> Fusion of spine, thoracolumbar region | M43.25 | | |
| <input type="checkbox"/> Fusion of spine, lumbar region | M43.26 | | |
| <input type="checkbox"/> Fusion of spine, lumbosacral region | M43.27 | | |
| <input type="checkbox"/> Dorsopathy, unspecified | M53.9 | | |
| <input type="checkbox"/> Sprain of ligaments of cervical spine initial encounter | S13.4XXA | | |

Patient Name: _____ Date: _____

- | | | | |
|---|----------|---|--------|
| <input type="checkbox"/> Internal derangement of knee | M23 | <input type="checkbox"/> Other intervertebral disc displacement, lumbosacral region | M51.27 |
| <input type="checkbox"/> Elevated blood-pressure reading, without diagnosis of hypertension | R03.0 | <input type="checkbox"/> Other thoracic, thoracolumbar and lumbosacral intervertebral disc degeneration | M51.3 |
| <input type="checkbox"/> Contusion of right thigh, initial encounter | S70.11XA | <input type="checkbox"/> Other synovitis and tenosynovitis, Shoulder | M65.81 |
| <input type="checkbox"/> Contusion of left thigh, initial encounter | S70.12XA | <input type="checkbox"/> Other synovitis and tenosynovitis, upper arm | M65.82 |
| <input type="checkbox"/> Acute stress reaction | F43.0 | <input type="checkbox"/> Other synovitis and tenosynovitis, Forearm | M65.83 |
| <input type="checkbox"/> Other cervical disc displacement, unspecified cervical region | M50.20 | <input type="checkbox"/> Other synovitis and tenosynovitis, hand | M65.84 |
| <input type="checkbox"/> Other cervical disc displacement, high cervical region | M50.21 | <input type="checkbox"/> Other synovitis and tenosynovitis, thigh | M65.85 |
| <input type="checkbox"/> Other cervical disc displacement, mid-cervical region | M50.22 | <input type="checkbox"/> Other synovitis and tenosynovitis, lower leg | M65.86 |
| <input type="checkbox"/> Other cervical disc displacement, cervicothoracic region | M50.23 | <input type="checkbox"/> Other synovitis and tenosynovitis, ankle and foot | M65.87 |
| <input type="checkbox"/> Other cervical disc degeneration | M50.3 | <input type="checkbox"/> Medial epicondylitis | M77.0 |
| <input type="checkbox"/> Other intervertebral disc displacement, thoracic region | M51.24 | <input type="checkbox"/> Lateral epicondylitis | M77.1 |
| <input type="checkbox"/> Other intervertebral disc displacement, thoracolumbar region | M51.25 | | |
| <input type="checkbox"/> Other intervertebral disc displacement, lumbar region | M51.26 | | |

NEW RECOMMENDED PLAN OF CARE:

- ☐ The patient was informed in the use of over the counter NSAID's, and demonstrates a clear understanding of the indicated usage.
- ☐ The patient is advised to start on a course of **Therapeutics Injections** _____.
- ☐ The patient is advised to start on a course of **Platelet Rich Plasma Injections** _____.
- ☐ _____

Because of the above findings the following are necessary for proper management of the patient:

- | | | |
|---|---|--|
| <input type="checkbox"/> Orthopedic Consultation | <input type="checkbox"/> Neurological Consultation | <input type="checkbox"/> Dental Consultation |
| <input type="checkbox"/> Internal Medicine Consultation | <input type="checkbox"/> Ophthalmology Consultation | <input type="checkbox"/> HEENT Consultation |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Pain Management |

AUTHORIZATION REQUEST (Worker's Compensation Only):

This is formal Authorization Request For:

- ☐ MUA _____ ☐ EMG _____ ☐ MRI _____
- ☐ THERAPEUTIC INJECTIONS _____
- ☐ PLATELET RICH PLASMA INJECTION _____

Patient Name: _____ Date: _____

TREATMENT:

Patient rate average pain on a comfort level at: _____ base on a scale of 0 to 10. No comfort (zero) to well (ten).
The following treatment modalities are being applied individually of in combination to decreased pain and improve function and quality of life:

- ☐ Nerve Block Injections:
- ☐ Trigger Point Injections:
- ☐ Facet Join Injections:
- ☐ Intra-articular Injections:
- ☐ Platelet Rich Plasma Injections:

USING:

After obtaining verbal consent the patient received trigger point/nerve block injections to the following areas:

- ☐ Surface anatomy technique
- ☐ Radiology anatomy technique (C-Arm)

USING: ☐ 1% Lidocaine ☐ Depomedrol 40 mg/cc ☐ 0.25% Marcaine ☐ 0.25% Sensorcaine ☐ 0.25% Bupivacaine

<p>Nerve block administered to:</p> <ul style="list-style-type: none"><input type="checkbox"/> Thoracic C7-T1<input type="checkbox"/> Lumbar paravertebral sympathetic nerve<input type="checkbox"/> Bilaterally <input type="checkbox"/> Unilaterally	<p>Trigger Point is administered to:</p> <ul style="list-style-type: none"><input type="checkbox"/> The following muscles: _____<input type="checkbox"/> Bilaterally <input type="checkbox"/> Unilaterally
--	---

Treatment Plan and Recommendation:

- ☐ Bed Rest
- ☐ Avoid Physical Activity
- ☐ Physical Therapy
- ☐ The patient advised to attend a supervised physical therapy program on a regular schedule basis 3-5 times a week
- ☐ Application of Synoptic NM Block, continues/reciprocal duration of the treatment 15mins

Patient Name: _____ Date: _____

RT	LT	HEAD AND NECK MUSCLES
		Trapezius Muscle
		Sternocleidomastoid muscle
		Masseter muscle
		Temporalis muscle
		Medial (Internal) Pterygoid muscle
		Lateral (External) Pterygoid muscle
		Digastric muscle
		Cutaneous II: Occipitofrontalis
		Splenius capitis & splenius cervicis muscles
		Posterior cervical muscle
		Semispinalis capitis, Semispinalis cervicis & multifid
		Suboccipital muscles
		Recti capitis posterior major & minor, obliqui inferior and superior

RT	LT	LUMBAR PARASPINAL MUSCLES
		Erectors Spinae
		Iliocostalis Thoracis
		Iliocostalis Lumborum
		Semispinalis
		Multifidi Muscles
		Rotatores Muscles
		Gluteus Muscles
		Quadratus Lumborum
		Longissimus

RT	LT	ELBOW TO FINGER MUSCLES
		Hand extensor & brachioradialis muscles
		Finger extensor muscles
		Extensor digitorum & extensor indicis
		Supinator muscle
		Hand & Finger flexors in the forearm
		Flexores carpi radialis & ulnaris, flexores digitorum
		Superficialis & profundus, flexor pollicis
		Longus (pronator Teres)
		Adductor & opponens pollicis muscles; trigger thumb
		Interosseous muscles of the hand

RT	LT	UPPER, BACK, SHOULDER AND ARM MUSCLES
		Levator Scapulae muscle
		Scalene muscles
		Supraspinatus muscle
		Infraspinatus muscle
		Teres minor muscle
		Teres major
		Latissimus dorsi muscle
		Subscapularis muscle
		Rhomboideus major & minor muscle
		Deltoid muscle
		Coracobrachialis muscle
		Biceps brachii muscle
		Brachialis muscle
		Triceps brachii muscle

RT	LT	TORSO MUSCLES
		Pectoralis major muscle (subclavius muscle)
		Pectoralis minor muscle
		Sternalis muscle
		Serratus posterior superior muscle
		Serratus anterior muscle
		Serratus posterior inferior muscle
		Thoracolumbar paraspinal muscles
		Abdominal muscles

201612050007045
201612058035520003

MM 12052016
Received Date 12052016

Patient Name: _____ Date: _____

CODE	DESCRIPTION	RIGHT	LEFT
<input type="checkbox"/> 64412	Injection, anesthetic agent; spinal accessory nerve		
<input type="checkbox"/> 64413	Injection, anesthetic agent; cervical plexus		
<input type="checkbox"/> 64405	Injection, anesthetic agent; occipital nerve		
<input type="checkbox"/> 64450	Injection, anesthetic agent; peripheral nerve or brunch		
<input type="checkbox"/> 64418	Injection, anesthetic agent; suprascapular nerve		
<input type="checkbox"/> 64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves		
<input type="checkbox"/> 64421	Injection, anesthetic agent; intercostal nerves, multiple, regional		
<input type="checkbox"/> 20552	Injection one or two muscles		
<input type="checkbox"/> 20553	Injection three or more muscles		

CODE	DESCRIPTION	RIGHT	LEFT
<input type="checkbox"/> 20999	Dry Needling		
<input type="checkbox"/> 76942	Ultrasound		
<input type="checkbox"/>	Platelet Rich Plasma injection		
<input type="checkbox"/> 20610	Intra Articular/ Injection shoulder		
<input type="checkbox"/> 20610	Intra Articular injection knee		
<input type="checkbox"/> 64633	C-Spine Facet joint injection single		
<input type="checkbox"/> 64634	C Facet joint injection additional		
<input type="checkbox"/> 64633	T-Facet joint injection single		
<input type="checkbox"/> 64634	T Facet joint injection additional		
<input type="checkbox"/> 64635	L-Facet joint injection single		
<input type="checkbox"/> 64636	L Facet joint injection additional		
<input type="checkbox"/> 64635	S-Facet joint injection single		
<input type="checkbox"/> 64636	S facet joint injection additional		
<input type="checkbox"/>			

FRANCIS JOSEPH LACINA, M.D.

6

201612050007045
201612058035520003

MM 12052016
Received Date 12052016

Patient Name: _____ Date: _____

Number of cartridge injected:

A sterile field was created over the regions to be injected. The skin was prepped with Betadine. The areas to be injected were cleaned with alcohol, the patient's skin was sprayed with topical anesthetic ethyl chloride, and each area/trigger point was injected with 0.5cc of 0.5% Marcaine via 3cc syringe with a 1 - ½ x 25G sterile hypodermic needle. Needling was performed to further breakup the trigger points.

- ☐ Patient tolerated the procedure well
- ☐ Patient developed a mild transient lightheadedness of a few minutes duration
- ☐ No complications, no complains
- ☐ Other: _____

(X) Follow-up in 2-3-4 weeks

Prognosis: ___ Excellent ___ Good ___ Fair ___ Poor X Guarded

Patient was instructed on post injection care and reported some decreased muscle stiffness and some decreased pain following the procedure.

DISABILITY PROGNOSIS:

It is my opinion, based on the history of the patient's symptoms, diagnosis and examination findings, that the above noted injuries were sustained/aggravated in the accident that occurred on _____, and the disability resulting from it is/ maybe/ of a temporary/ permanent nature. The prognosis for a recovery is presently (caustiously optimistic/ guarded).

DISCHARGE:

The patient was discharged from treatment on _____ (date) because

___ Patient's no-fault benefits was cut-off

___ Patient has reached medical maximum improvement.

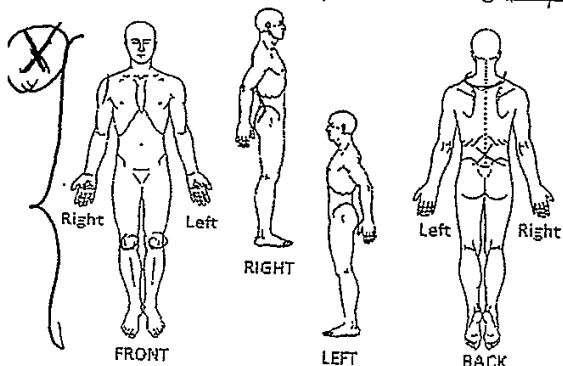
Physician's Signature: _____

FRANCIS JOSEPH LACINA, M.D.

EXHIBIT “5”

PHYSICAL THERAPY INITIAL EVALUATION

PATIENT: B.S.
 DOB: 1/75 SEX: () MALE; () FEMALE
 OCCUPATION: Entrepreneur (self-employed) DATE OF EVALUATION: 07/01/15
 HISTORY: MVA (8 years ago), MVA. (pericardial effusion & heart long does forearm the rear end, 10 months later pericardial effusion, pericardial effusion, pericardial effusion) DATE OF INJURY: 6/25/15
 CHIEF COMPLAINTS: As per his doctors. CURRENTLY WORKING: () YES; () NO
 DIAGNOSIS: As per his doctors.
 PMHX/PRECAUTIONS: NONE at this time.



☐ Spasms: _____

☐ Tenderness: _____

☐ Tightness: _____

☒ Other(s): pericardial effusion, heart failure, & heart failure.

Rate the level of your pain on the following scale

→ At Present: 0 1 2 3 4 5 6 8 9 10

→ At Best: 0 1 2 3 4 5 6 7 8 9 10

→ At Worst: 0 1 2 3 4 5 6 7 8 9 10

Neck: Pain Rating: 7/10

Description: ☒ Constant ☒ Intermittent ☐ Localized ☐ Radiating to: _____

Pain Type: ☒ Aching ☒ Sharp ☐ Dull ☐ Throbbing ☐ Shooting ☐ Tight ☐ Numbness ☐ Stabbing ☐ Other: _____

Mid Back: Pain Rating: _____/10

Description: ☐ Constant ☐ Intermittent ☐ Localized ☐ Radiating to: _____

Pain Type: ☒ Aching ☐ Sharp ☐ Dull ☐ Throbbing ☐ Shooting ☐ Tight ☐ Numbness ☐ Stabbing ☐ Other: _____

Low Back: Pain Rating: 7/10

Description: ☒ Constant ☐ Intermittent ☐ Localized ☐ Radiating to: _____

Pain Type: ☒ Aching ☐ Sharp ☐ Dull ☐ Throbbing ☐ Shooting ☐ Tight ☐ Numbness ☐ Stabbing ☐ Other: _____

Upper Extremities (R/L) Shoulder (R/L) Arm (R/L) Elbow (R/L) Wrist Other: _____

Pain Rating: _____/10

Description: ☒ Constant ☐ Intermittent ☐ Localized ☐ Radiating to: _____

Pain Type: ☒ Aching ☐ Sharp ☐ Dull ☐ Throbbing ☐ Shooting ☐ Tight ☐ Numbness ☐ Stabbing ☐ Other: _____

Lower Extremities (R/L) Knee (R/L) Ankle (R/L) Foot (R/L) Hip (R/L) Leg Other: pericardial effusion

Pain Rating: 7/10

Description: ☒ Constant ☐ Intermittent ☐ Localized ☐ Radiating to: pericardial effusion

Pain Type: ☒ Aching ☐ Sharp ☐ Dull ☐ Throbbing ☐ Shooting ☐ Tight ☐ Numbness ☐ Stabbing ☐ Other: pericardial effusion

PHYSICAL THERAPY INITIAL EVALUATION

ROM:

C-Spine Flex: 45° Ext: 45° Lat. Flex. (L) 45° (R) 45° Rot. (L) 45° (R) 45°
 L-Spine Flex: 45° Ext: 45° Lat. Flex. (L) 45° (R) 45° Rot. (L) 45° (R) 45°
 Upper Extremities: _____
 Lower Extremities: Both knees: 130°

MMT:

C-Spine Flex: 4/5 Ext: 4/5 Lat. Flex. (L) 4/5 (R) 4/5 Rot. (L) 4/5 (R) 4/5
 L-Spine Flex: 4/5 Ext: 4/5 Lat. Flex. (L) 4/5 (R) 4/5 Rot. (L) 4/5 (R) 4/5
 Upper Extremities: _____
 Lower Extremities: Both knees: 4/5

OBJECTIVE FINDING:

- ☒ Mild/Mod/Severe Spasm C/S guarding C T L S paraspinal and deep neck muscles. Reproductive
- ☒ Swelling/Edema on: NONE
- ☒ Grade II tenderness at C T L S Both knees
- ☒ Trigger points on C T L S paraspinals Trapezius and
- ☒ Crepitus C/S pain on NONE at this time
- ☐ Postural deviation 2° on:
 - ☒ flat neck ☒ forward head ☐ increased thoracic kyphosis ☐ decreased thoracic kyphosis
 - ☒ rounded shoulders ☐ flat back ☐ dextro/levo scoliosis
 - ☒ increased lumbar lordosis ☐ Other: _____
- ☒ Gait deviation 2° to yes on Both knees
 - ☒ antalgic ☒ stiff knee ☐ dec. R/L step length
- ☒ Other: yes on stability, postural, & strength.

PT ASSESSMENT:

Rehabilitation potential for functional improvement is: ☐ Poor ☒ Fair ☐ Good ☐ Excellent
 Patient will benefit from skilled PT intervention to achieve the following goals:

- ☒ Dec. pain on C T L S region: Both knees
- ☒ Improve strength on trunk.
- ☐ Increase range of motion on C T L S region:
- ☒ Decrease spasm/guarding on C T L S region:
- ☒ Improve posture/body mechanics in ADLs:
- ☒ Other(s): improve mobility, stability & strength.

PLAN:

Patient will undergo PT 3 time(s) a week for 6 week(s).

- ☒ HMP on C T L S region:
- ☐ ES/Tens on C T L S region:
- ☒ Synaptic on C T L S region:
- ☐ Therapeutic Exercise(s): ☐ Cervical/Lumbar stability/mobility exercises
- ☐ Therapeutic massages on C T L S region:
- ☐ US on C T L S region:
- ☐ Paraffin Wax bath on right/left:
- ☒ Patient education on home exercise program and proper body mechanics Home ex.

PT Signature: [Signature]

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PHYSICAL THERAPY INITIAL EVALUATION

PATIENT: M.L.

DOB: 1992

Sex: () Male (X) Female

DATE OF EVALUATION: 10-16-19

DATE OF INJURY: 10-9-19

Occupation:

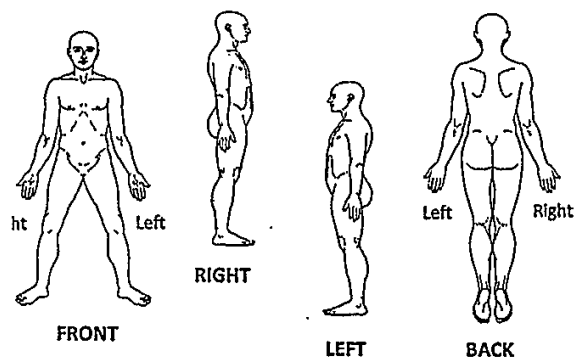
Currently Working: () Yes () No

History: Avenel K, asthmatic she was driving the car and it section her car struck to and at front and she went to hospital and was released.

Chief Complaints: pain in neck, lower back, (B) SN, (C) MP joint, (D) MP joint, (E) MP joint

Diagnosis:

IHX/Precautions:



Rate the level of your pain on the following scale

At present: 0 1 2 3 4 5 6 7 8 9 10

At Best: 0 1 2 3 4 5 6 7 8 9 10

At Worst: 0 1 2 3 4 5 6 7 8 9 10

Neck Pain Rating: 7 / 10

Description: (X) Constant

(X) Intermittent

(X) Localized

(X) Radiating To:

In Type: (X) Aching

(X) Sharp

(X) Dull

(X) Throbbing

(X) Shooting

(X) Tight

(X) Numbness

(X) Stabbing

Other:

Back Pain Rating: / 10

Description: (X) Constant

(X) Intermittent

(X) Localized

(X) Radiating To:

In Type: (X) Aching

(X) Sharp

(X) Dull

(X) Throbbing

(X) Shooting

(X) Tight

(X) Numbness

(X) Stabbing

Other:

Lower Back Pain Rating: 9 / 10

Description: (X) Constant

(X) Intermittent

(X) Localized

(X) Radiating To:

In Type: (X) Aching

(X) Sharp

(X) Dull

(X) Throbbing

(X) Shooting

(X) Tight

(X) Numbness

(X) Stabbing

Other:

Upper Extremities: (R/L) Shoulder

(R/L) Arm

(R/L) Elbow

(R/L) Wrist

Other: PIP joint

In Rating: / 10

(X) Constant

(X) Intermittent

(X) Localized

(X) Radiating To:

In Type: (X) Aching

(X) Sharp

(X) Dull

(X) Throbbing

(X) Shooting

(X) Tight

(X) Numbness

(X) Stabbing

Other:

Lower Extremities: (R/L) Knee

(R/L) Ankle

(R/L) Foot

(R/L) Hip

(R/L) Leg

Other:

In Rating: / 10

(X) Constant

(X) Intermittent

(X) Localized

(X) Radiating To:

In Type: (X) Aching

(X) Sharp

(X) Dull

(X) Throbbing

(X) Shooting

(X) Tight

(X) Numbness

(X) Stabbing

Other:

PHYSICAL THERAPY INITIAL EVALUATION

ROM:

C-Spine Flex: 15° Ext: 5° Lat. Flex. (L) 5° (R) 10° Rot. (L) 15° (R) 15°
 L-Spine Flex: 25° Ext: 10° Lat. Flex. (L) 15° (R) 15° Rot. (L) 10° (R) 10°
 Upper Extremities: BSH flexion → 0-145° Adduction → 0-90°
 Lower Extremities:

MMT:

C-Spine Flex: 3° Ext: 3° Lat. Flex. (L) 3° (R) 3° Rot. (L) 3° (R) 3°
 L-Spine Flex: 3° Ext: 3° Lat. Flex. (L) 3° (R) 3° Rot. (L) 3° (R) 3°
 Upper Extremities: BSH flexion → 3/5 Adduction → 2+15°
 Lower Extremities:

OBJECTIVE FINDING:

- ☒ Mild/Mod/Severe Spasm C/S guarding C/TLS paraspinal and BSH upper sup
- ☒ Swelling/Edema on:
- ☒ Grade III tenderness at C/TLS BSH
- ☒ Trigger Points on C/TLS paraspinals BSH Trapezius and
- ☒ Crepitus C/S pain on
- ☒ Postural deviation 2° on:
 - ☒ flat neck ☒ forward head ☒ increased thoracic kyphosis ☒ decreased thoracic kyphosis
 - ☒ rounded shoulders ☒ flat back ☒ dextro/levo scoliosis
 - ☒ increased lumbar lordosis
 - ☒ other:
- ☒ Gait deviation 2° to
 - ☒ antalgic ☒ stiff knee ☒ dec. R/L step length
 - ☒ Other:

T ASSESSMENT:

Rehabilitation potential for functional improvement is: ☒ Poor ☒ Fair ☒ Good ☒ Excellent
 Patient will benefit from skilled PT intervention to achieve the following goals:

- ☒ Dec. pain on C/TLS region:
- ☒ Improve strength on trunk:
- ☒ Increase range of motion on C/TLS region:
- ☒ Decrease spasm/guarding on C/TLS region:
- ☒ Improve posture/body mechanics in ADLs:
- ☒ Other(s):

PLAN:

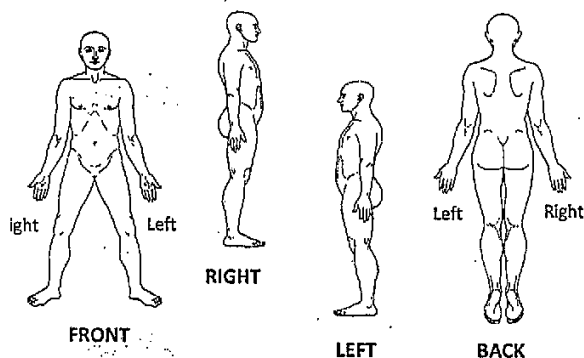
Patient will undergo PT _____ time(s) a week for _____ week(s).

- ☒ HMP on C/TLS region:
- ☒ ES/Tens on C/TLS region:
- ☒ Synaptic on C/TLS region: BSH
- ☒ Therapeutic Exercise(s):
 - ☒ Cervical/Lumbar stability/mobility exercises
 - ☒ ROM/Stretching/Joint Mobility/PRE's
- ☒ Patient education on home exercises program and proper body mechanics
- ☒ PT Evaluation, Low Complexity ☒ PT Evaluation, Moderate Complexity ☐ PT Evaluation, High Complexity
- ☒ Therapeutic massages on C/TLS region
- ☒ US on C/TLS region:
- ☒ Paraffin Wax bath on right/left:

Physical Therapist Signature: 

PATIENT: P.G.
DOB: [REDACTED] Sex: (X) Male () Female
Occupation: [REDACTED]
History: Got self parked near exit 5 upper wound he was tampering in car and got stuck sign he try to stop and from behind someone's car hit to his car and he injured. No signs no NIO or hospital.
Chief Complaints: Pain in neck, midback, lower back, forearm, elbow, wrist, hip
Diagnosis: C11-15, Elbow, Wrist, Forearm, Hip
MHX/Precautions: intermittent HBP.

DATE OF EVALUATION: 6-8-18
DATE OF INJURY: 6-5-18
Currently Working: () Yes () No



Rate the level of your pain on the following scale
At present: 0 1 2 3 4 5 6 7 8 9 10
At Best: 0 1 2 3 4 5 6 7 8 9 10
At Worst: 0 1 2 3 4 5 6 7 8 9 10

- ☒ Spasms: forearm, paraspinal m.
perception of muscle "Twitch"
☒ Tenderness: Elbow, forearm, com.
Wrist
☒ Tightness: cervical m.
☐ Other(s):

Neck: Pain Rating: 4/10

Description: ☒ Constant ☒ Intermittent ☐ Localized ☒ Radiating To: mid back
Pain Type: ☒ Aching ☒ Sharp ☐ Dull ☐ Throbbing ☒ Shooting ☐ Tight ☐ Numbness ☐ Stabbing
☐ Other: soreness

Mid Back: Pain Rating: 3/10

Description: ☐ Constant ☐ Intermittent ☐ Localized ☐ Radiating To:
Pain Type: ☐ Aching ☐ Sharp ☐ Dull ☐ Throbbing ☐ Shooting ☐ Tight ☐ Numbness ☐ Stabbing
☐ Other:

Low Back: Pain Rating: 3/10

Description: ☒ Constant ☐ Intermittent ☐ Localized ☐ Radiating To:
Pain Type: ☐ Aching ☐ Sharp ☐ Dull ☐ Throbbing ☐ Shooting ☒ Tight ☐ Numbness ☐ Stabbing
☐ Other:

Upper Extremities: (R/L) Shoulder (R/L) Arm (R/L) Elbow (R/L) Wrist Other: forearm

Pain Rating: 7/10 ☐ Constant ☐ Intermittent ☐ Localized ☐ Radiating To:
Pain Type: ☐ Aching ☒ Sharp ☐ Dull ☐ Throbbing ☒ Shooting ☒ Tight ☒ Numbness ☐ Stabbing
☐ Other:

Lower Extremities: (R/L) Knee (R/L) Ankle (R/L) Foot (R/L) Hip (R/L) Leg Other:

Pain Rating: 3/10 ☐ Constant ☐ Intermittent ☐ Localized ☐ Radiating To:
Pain Type: ☐ Aching ☐ Sharp ☐ Dull ☐ Throbbing ☐ Shooting ☐ Tight ☐ Numbness ☐ Stabbing
☐ Other: burning

PHYSICAL THERAPY INITIAL EVALUATION

DOM:

Spine Flex: 30° Ext: 25° Lat. Flex. (L) 20° (R) 25° Rot. (L) 25° (R) 25°
 Spine Flex: 30° Ext: 25° Lat. Flex. (L) 30° (R) 30° Rot. (L) 30° (R) 30°
 Upper Extremities: DSH Flexion 0-145° Abduction 0-100°
 Lower Extremities: RMP Flexion 0-145° Abduction 0-100°

IMT:

Spine Flex: 5° Ext: 5° Lat. Flex. (L) 30° (R) 5° Rot. (L) 4° (R) 5°
 Spine Flex: 4° Ext: 4° Lat. Flex. (L) 3° (R) 3° Rot. (L) 3° (R) 3°
 Upper Extremities: DSH Flexion 45° Abduction 45°
 Lower Extremities: RMP Flexion 30° Abduction 30°

OBJECTIVE FINDING:

Mild/Mod/Severe Spasm C/S guarding C/TLS paraspinal and Dorsum, arm, elbow, DHP, DSH
 Swelling/Edema on: _____
 Grade II tenderness at C/TLS, DSH, DUE, RHP
 Trigger Points on C/TLS paraspinals _____ Trapezius and _____
 Crepitus C/S pain on _____
 Postural deviation 2° on: _____
 flat neck forward head increased thoracic kyphosis decreased thoracic kyphosis
 rounded shoulders flat back dextro/levo scoliosis
 increased lumbar lordosis
 other: _____
 Gait deviation 2° to _____
 antalgic stiff knee dec. R/L step length
 Other: _____

T ASSESSMENT:

Rehabilitation potential for functional improvement is: ☐ Poor ☐ Fair ☐ Good ☐ Excellent

Patient will benefit from skilled PT intervention to achieve the following goals:

- ☒ Dec. pain on C/TLS region: DUE, DSH, RHP
☒ Improve strength on trunk: _____
☒ Increase range of motion on C/TLS region: _____
☒ Decrease spasm/guarding on C/TLS region: _____
☒ Improve posture/body mechanics in ADLs: _____
☐ Other(s): _____

PLAN:

Patient will undergo PT _____ time(s) a week for _____ week(s).

- ☒ HMP on C/TLS region: _____ ☒ Therapeutic massages on C/TLS region _____
☒ ES/Tens on C/TLS region: _____ ☐ US on C/TLS region: _____
☒ Synaptic on C/TLS region: DUE, DSH, RHP ☐ Paraffin Wax bath on right/left: _____
☒ Therapeutic Exercise(s): ☐ Cervical/Lumbar stability/mobility exercises
☐ ROM/Stretching/Joint Mobility/PRE's
☒ Patient education on home exercises program and proper body mechanics
☒ PT Evaluation, Low Complexity ☒ PT Evaluation, Moderate Complexity ☐ PT Evaluation, High Complexity

Physical Therapist Signature: _____

PHYSICAL THERAPY INITIAL EVALUATION

PATIENT: A.P.

DOB: [REDACTED] 1987 Sex: (X) Male () Female

Occupation: CLEANER

DATE OF EVALUATION: 8-18-2020

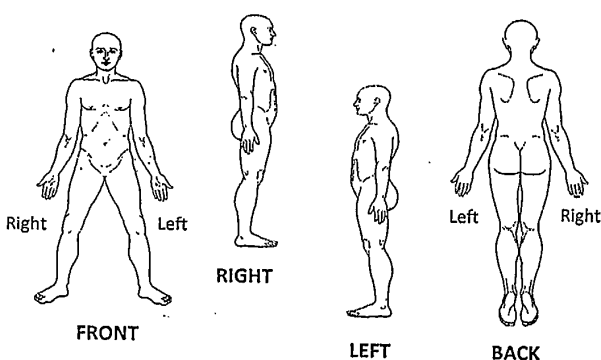
DATE OF INJURY: 8-16-2020

History: car accident on 8/16/2020 he was driving wife's bike and another car hit him from back. and EMS came and he went to King's County hospital. at accident he went to emergency for few minutes

Chief Complaints: pain in neck, lower back (RT) sh (RT) elbow, (RT) wrist, (RT) knee

Diagnosis: CTS, LBP, RT sh, (RT) elbow, (RT) wrist, (RT) knee SLT

PMH/Precautions: [REDACTED]



Spasms: (RT) sh upper thigh, (RT) wrist extensor, (RT) humerus

Tenderness: (RT) sh (Ant-lateral), (RT) knee (medial)

Tightness: (RT) knee TFL

Other(s):

Rate the level of your pain on the following scale

At present: 0 1 2 3 4 5 6 7 8 9 10

At Best: 0 1 2 3 4 5 6 7 8 9 10

At Worst: 0 1 2 3 4 5 6 7 8 9 10

Neck: Pain Rating: 7 / 10

Description: Constant

Pain Type: Aching, Sharp, Dull, Throbbing, Shooting, Tight, Numbness, Stabbing

Mid Back: Pain Rating: / 10

Description: Constant

Pain Type: Aching, Sharp, Dull, Throbbing, Shooting, Tight, Numbness, Stabbing

Low Back: Pain Rating: 8 / 10

Description: Constant

Pain Type: Aching, Sharp, Dull, Throbbing, Shooting, Tight, Numbness, Stabbing

Upper Extremities: (R/L) Shoulder

Pain Rating: 8 / 10

Pain Type: Aching, Sharp, Dull, Throbbing, Shooting, Tight, Numbness, Stabbing

Lower Extremities: (R/L) Knee

Pain Rating: 8 / 10

Pain Type: Aching, Sharp, Dull, Throbbing, Shooting, Tight, Numbness, Stabbing

PHYSICAL THERAPY INITIAL EVALUATION

ROM:

C-Spine Flex: WNL ° Ext: WNL ° Lat. Flex. (L) WNL ° (R) WNL ° Rot. (L) WNL ° (R) WNL °
 L-Spine Flex: WNL ° Ext: WNL ° Lat. Flex. (L) WNL ° (R) WNL ° Rot. (L) WNL ° (R) WNL °
 Upper Extremities: RT sh flexion 0-145 / Induction 0-135 / RT elbow WNL
 Lower Extremities: RT knee flexion WNL / extension WNL / RT wrist WNL

MMT:

C-Spine Flex: 3/5 ° Ext: 3/5 ° Lat. Flex. (L) 3/5 ° (R) 3/5 ° Rot. (L) 4/5 ° (R) 4/5 °
 L-Spine Flex: 3/5 ° Ext: 3/5 ° Lat. Flex. (L) 3/5 ° (R) 3/5 ° Rot. (L) 3/5 ° (R) 3/5 °
 Upper Extremities: RT sh 3/5 / RT elbow 4/5 / RT wrist 4/5
 Lower Extremities: RT knee 4/5

OBJECTIVE FINDING:

() Mild/Mod/Severe Spasm C/S guarding CTLS paraspinal and RT sh, RT elbow, RT wrist, RT knee
 () Swelling/Edema on: _____
 () Grade II tenderness at CTLS RT sh, RT elbow, RT wrist, RT knee
 () Trigger Points on CTLS paraspinals Trapezius and _____
 () Crepitus C/S pain on _____
 () Postural deviation 2° on:
 ◊ flat neck ◊ forward head ◊ increased thoracic kyphosis ◊ decreased thoracic kyphosis
 ◊ rounded shoulders ◊ flat back ◊ dextro/levo scoliosis
 ◊ increased lumbar lordosis
 ◊ other: _____
 () Gait deviation 2° to _____
 ◊ antalgic ◊ stiff knee ◊ dec. R/L step length
 () Other: _____

PT ASSESSMENT:

Rehabilitation potential for functional improvement is: ◊ Poor ◊ Fair ◊ Good ◊ Excellent
 Patient will benefit from skilled PT intervention to achieve the following goals:
 [x] Dec. pain on CTLS region: RT sh, RT elbow, RT wrist, RT knee
 [x] Improve strength on trunk: RT sh, RT knee
 [x] Increase range of motion on CTLS region: RT sh, RT knee
 [x] Decrease spasm/guarding on CTLS region: RT sh, RT knee
 [x] Improve posture/body mechanics in ADLs:
 [] Other(s): RT sh. speed test (V), RT knee test (V), RT wrist test (V)
RT sh. speed test (V), RT knee test (V), RT wrist test (V)

PLAN:

Patient will undergo PT _____ time(s) a week for _____ week(s).
 [x] HMP on C T L S region: _____ [x] Therapeutic massages on CTLS region
 [] ES/Tens on C T L S region: _____ [] US on C T L S region: _____
 [x] Synaptic on C T L S region: RT sh, RT elbow, RT knee [] Paraffin Wax bath on right/left: _____
 [x] Therapeutic Exercise(s): Cervical/Lumbar stability/mobility exercises
 ROM/Stretching/Joint Mobility/PRE's
 [x] Patient education on home exercises program and proper body mechanics
 [] PT Evaluation, Low Complexity [] PT Evaluation, Moderate Complexity [] PT Evaluation, High Complexity

Physical Therapist Signature: _____

EXHIBIT “6”

PHYSICAL THERAPY PROGRESS NOTES

PATIENT NAME: M.T. DOA: 9-20-16

TREATMENT DATE: 10-7-16
PRESENT COMPLAINTS: INITIAL EVALUATION
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER:
MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER:
DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: [Signature] SIGNATURE OF PATIENT: M.T.

TREATMENT DATE: 10-10-16
PRESENT COMPLAINTS: Pain in neck, LBP, (R) SH
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER:
MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER:
DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: [Signature] SIGNATURE OF PATIENT: M.T.

TREATMENT DATE: 10-12-16
PRESENT COMPLAINTS: Pain in neck, LBP, (R) SH
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER:
MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER:
DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: [Signature] SIGNATURE OF PATIENT: M.T.

TREATMENT DATE: 10-13-16
PRESENT COMPLAINTS: Pain in neck, LBP, (R) SH
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER:
MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER:
DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: [Signature] SIGNATURE OF PATIENT: M.T.

TREATMENT DATE: 10-17-16
PRESENT COMPLAINTS: Pain in neck, LBP, (R) SH
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER:
MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER:
DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: [Signature] SIGNATURE OF PATIENT: M.T.

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Received Date 11172016

PHYSICAL THERAPY PROGRESS NOTES

M.T.

DOA: 9-20-16

PATIENT NAME: _____

TREATMENT DATE: 10-18-16

PRESENT COMPLAINTS: Pain in neck, LBP, RSH

AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____

MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER: _____

M.T.

DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: [Signature] SIGNATURE OF PATIENT: _____

TREATMENT DATE: 10-19-16

PRESENT COMPLAINTS: Pain in neck, LBP, RSH

AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____

MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER: _____

M.T.

DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: [Signature] SIGNATURE OF PATIENT: _____

TREATMENT DATE: 10-24-16

PRESENT COMPLAINTS: Pain in neck, LBP, RSH

AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____

MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER: _____

M.T.

DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: [Signature] SIGNATURE OF PATIENT: _____

TREATMENT DATE: 10-25-16

PRESENT COMPLAINTS: Pain in neck, LBP, RSH

AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____

MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER: _____

M.T.

DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: [Signature] SIGNATURE OF PATIENT: _____

TREATMENT DATE: 10-26-16

PRESENT COMPLAINTS: Pain in neck, LBP, RSH

AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____

MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER: _____

M.T.

DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: [Signature] SIGNATURE OF PATIENT: _____

201611170005323

MM 11172016

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Received Date 11172016

PHYSICAL THERAPY PROGRESS NOTES

PATIENT NAME: M.T. DOA: 9-20-16

TREATMENT DATE: 10-31-16
PRESENT COMPLAINTS: Pain in neck, LBP, RSH
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER:
MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER:
DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: M.T. SIGNATURE OF PATIENT:

TREATMENT DATE: 11-1-16
PRESENT COMPLAINTS: Pain in neck, LBP, RSH
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER:
MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER:
DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: M.T. SIGNATURE OF PATIENT:

TREATMENT DATE: 11-2-16
PRESENT COMPLAINTS: Pain in neck, LBP, RSH
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER:
MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER:
DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: M.T. SIGNATURE OF PATIENT:

TREATMENT DATE: 11-7-16
PRESENT COMPLAINTS: Pain in neck, LBP, RSH
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER:
MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER:
DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: M.T. SIGNATURE OF PATIENT:

TREATMENT DATE: 11-8-16
PRESENT COMPLAINTS: Pain in neck, LBP, RSH
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER:
MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER:
DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: M.T. SIGNATURE OF PATIENT:

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201611178022640008

MM 11172016
Received Date 11172016

PHYSICAL THERAPY PROGRESS NOTES

PATIENT NAME: M.L. DOA: 10-9-17

TREATMENT DATE: 10-16-17 J.E.
PRESENT COMPLAINTS: _____
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK _____ MASSAGE _____ PARABATH _____ EXERCISES _____ OTHER: _____

DID PATIENT TOLERATE TREATMENT? (YES) / NO THERAPIST: [Signature] SIGNATURE OF PATIENT: M.L.

TREATMENT DATE: 10-18-17 C/S, LBP, (B)SH SLS
PRESENT COMPLAINTS: _____
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK MASSAGE _____ PARABATH _____ EXERCISES _____ OTHER: _____

DID PATIENT TOLERATE TREATMENT? (YES) / NO THERAPIST: [Signature] SIGNATURE OF PATIENT: M.L.

TREATMENT DATE: 10-20-17 C/S, LBP, (B)SH SLS
PRESENT COMPLAINTS: _____
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK MASSAGE _____ PARABATH _____ EXERCISES _____ OTHER: _____

DID PATIENT TOLERATE TREATMENT? (YES) / NO THERAPIST: [Signature] SIGNATURE OF PATIENT: M.L.

TREATMENT DATE: 10-23-17 C/S, LBP, (B)SH SLS
PRESENT COMPLAINTS: _____
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK MASSAGE _____ PARABATH _____ EXERCISES _____ OTHER: _____

DID PATIENT TOLERATE TREATMENT? (YES) / NO THERAPIST: [Signature] SIGNATURE OF PATIENT: M.L.

TREATMENT DATE: 10-24-17 C/S, LBP, (B)SH SLS
PRESENT COMPLAINTS: _____
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK MASSAGE _____ PARABATH _____ EXERCISES _____ OTHER: _____

DID PATIENT TOLERATE TREATMENT? (YES) / NO THERAPIST: [Signature] SIGNATURE OF PATIENT: M.L.

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PHYSICAL THERAPY PROGRESS NOTES

PATIENT NAME: M.L. DOA: 10-9-17

TREATMENT DATE: 10-25-17
PRESENT COMPLAINTS: CLS, LBP, BSH, SLS
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER:
MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER: M.L.

DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: SA SIGNATURE OF PATIENT: M.L.

TREATMENT DATE: 11-1-17
PRESENT COMPLAINTS: CLS, LBP, BSH, SLS
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER:
MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER: M.L.

DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: SA SIGNATURE OF PATIENT: M.L.

TREATMENT DATE: 11-2-17
PRESENT COMPLAINTS: CLS, LBP, BSH, SLS
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER:
MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER: M.L.

DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: SA SIGNATURE OF PATIENT: M.L.

TREATMENT DATE:
PRESENT COMPLAINTS:
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER:
MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER:

DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: SIGNATURE OF PATIENT:

TREATMENT DATE:
PRESENT COMPLAINTS:
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER:
MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER:

DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: SIGNATURE OF PATIENT:

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Received Date 11142017

PHYSICAL THERAPY PROGRESS NOTES

P.G.
PATIENT NAME: _____ DOA: 6-5-18

TREATMENT DATE: 6-8-18 I.E.
PRESENT COMPLAINTS: _____
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK _____ MASSAGE _____ PARABATH _____ EXERCISES _____ OTHER: _____ P.G. 11

DID PATIENT TOLERATE TREATMENT? (YES) NO THERAPIST: [Signature] SIGNATURE OF PATIENT: [Signature]

TREATMENT DATE: 6-11-18
PRESENT COMPLAINTS: CL, TL, LBP, DSH, arm, forearm, R hip SL
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____ P.G. 11

DID PATIENT TOLERATE TREATMENT? (YES) NO THERAPIST: [Signature] SIGNATURE OF PATIENT: _____

TREATMENT DATE: 6-12-18
PRESENT COMPLAINTS: CL, TL, LBP, DSH, arm, forearm, R hip SL
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____ P.G. 11

DID PATIENT TOLERATE TREATMENT? (YES) NO THERAPIST: [Signature] SIGNATURE OF PATIENT: _____

TREATMENT DATE: 6-15-18
PRESENT COMPLAINTS: CL, TL, LBP, DSH, arm, forearm, R hip SL
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: forearm
MODALITIES: COLD/HOT PACK MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____ P.G. 11

DID PATIENT TOLERATE TREATMENT? (YES) NO THERAPIST: [Signature] SIGNATURE OF PATIENT: _____

TREATMENT DATE: 6-18-18
PRESENT COMPLAINTS: CL, TL, LBP, DSH, arm, forearm, R hip SL
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____ P.G. 11

DID PATIENT TOLERATE TREATMENT? (YES) NO THERAPIST: [Signature] SIGNATURE OF PATIENT: _____

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PHYSICAL THERAPY PROGRESS NOTES

P.G.
PATIENT NAME: _____ DOA: 6-5-18

TREATMENT DATE: 6-21-18
PRESENT COMPLAINTS: CL, TLS, LBP, DSH, arm, (B) forearm, (R) hip SL
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK: MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____ P.G. no

DID PATIENT TOLERATE TREATMENT? YES / NO THERAPIST: [Signature] SIGNATURE OF PATIENT: _____

TREATMENT DATE: 6-22-18
PRESENT COMPLAINTS: CL, TLS, LBP, DSH, arm, (B) forearm, (R) hip SL
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK: MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____ P.G. no

DID PATIENT TOLERATE TREATMENT? YES / NO THERAPIST: [Signature] SIGNATURE OF PATIENT: _____

TREATMENT DATE: 6-25-18
PRESENT COMPLAINTS: CL, TLS, LBP, DSH, arm, (B) forearm, (R) hip SL
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK: MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____ P.G. no

DID PATIENT TOLERATE TREATMENT? YES / NO THERAPIST: [Signature] SIGNATURE OF PATIENT: _____

TREATMENT DATE: 6-27-18
PRESENT COMPLAINTS: CL, TLS, LBP, DSH, arm, (B) forearm, (R) hip SL
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK: MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____ P.G. no

DID PATIENT TOLERATE TREATMENT? YES / NO THERAPIST: [Signature] SIGNATURE OF PATIENT: _____

TREATMENT DATE: 6-29-18
PRESENT COMPLAINTS: CL, TLS, LBP, DSH, arm, (B) forearm, (R) hip SL
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK: MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____ P.G. no

DID PATIENT TOLERATE TREATMENT? YES / NO THERAPIST: [Signature] SIGNATURE OF PATIENT: _____

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PHYSICAL THERAPY PROGRESS NOTES

P.G.

PATIENT NAME: _____

DOA: 6-5-18

TREATMENT DATE: 7-2-18

PRESENT COMPLAINTS: CTS, TIS, WBP, DSH, arm, (B) forearm, (R) hip SL

AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/LSH R/L-KN OTHER: _____

MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER: _____

P.G.

DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: _____

SIGNATURE OF PATIENT: _____

TREATMENT DATE: 7-3-18

PRESENT COMPLAINTS: CTS, TIS, WBP, DSH, arm, (B) forearm, (R) hip SL

AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/LSH R/L-KN OTHER: _____

MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER: _____

P.G.

DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: _____

SIGNATURE OF PATIENT: _____

TREATMENT DATE: 7-5-18

PRESENT COMPLAINTS: CTS, TIS, WBP, DSH, arm, (B) forearm, (R) hip SL

AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/LSH R/L-KN OTHER: _____

MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER: _____

P.G.

DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: _____

SIGNATURE OF PATIENT: _____

TREATMENT DATE: 7-6-18

PRESENT COMPLAINTS: CTS, TIS, WBP, DSH, arm, (B) forearm, (R) hip SL

AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/LSH R/L-KN OTHER: _____

MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER: _____

P.G.

DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: _____

SIGNATURE OF PATIENT: _____

TREATMENT DATE: 7-10-18

PRESENT COMPLAINTS: CTS, TIS, WBP, DSH, arm, (B) forearm, (R) hip SL

AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/LSH R/L-KN OTHER: _____

MODALITIES: COLD/HOT PACK MASSAGE PARABATH EXERCISES OTHER: _____

P.G.

DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: _____

SIGNATURE OF PATIENT: _____

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PHYSICAL THERAPY PROGRESS NOTES

PATIENT NAME: A.P. DOA: 8-14-2020

TREATMENT DATE: 8-18-2020 I.E.

PRESENT COMPLAINTS: _____

AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____

MODALITIES: COLD/HOT PACK _____ MASSAGE _____ PARABATH _____ EXERCISES _____ OTHER: _____

DID PATIENT TOLERATE TREATMENT? (YES) NO THERAPIST: [Signature] SIGNATURE OF PATIENT: A.P.

TREATMENT DATE: 8-20-2020

PRESENT COMPLAINTS: CL, LBP, (R)SH, (R)Elbow, (R)Wrist, (R)Knee

AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE (R/L)SH R/L-KN OTHER: _____

MODALITIES: COLD/HOT PACK MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____

DID PATIENT TOLERATE TREATMENT? (YES) NO THERAPIST: [Signature] SIGNATURE OF PATIENT: A.P.

TREATMENT DATE: 8-21-2020

PRESENT COMPLAINTS: CL, LBP, (R)SH, (R)Elbow, (R)Wrist, (R)Knee

AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____

MODALITIES: COLD/HOT PACK MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____

DID PATIENT TOLERATE TREATMENT? (YES) NO THERAPIST: [Signature] SIGNATURE OF PATIENT: A.P.

TREATMENT DATE: 8-24-2020

PRESENT COMPLAINTS: CL, LBP, (R)SH, (R)Elbow, (R)Wrist, (R)Knee

AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____

MODALITIES: COLD/HOT PACK MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____

DID PATIENT TOLERATE TREATMENT? (YES) NO THERAPIST: [Signature] SIGNATURE OF PATIENT: A.P.

TREATMENT DATE: 8-26-2020

PRESENT COMPLAINTS: CL, LBP, (R)SH, (R)Elbow, (R)Wrist, (R)Knee

AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____

MODALITIES: COLD/HOT PACK MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____

DID PATIENT TOLERATE TREATMENT? (YES) NO THERAPIST: [Signature] SIGNATURE OF PATIENT: A.P.

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PHYSICAL THERAPY PROGRESS NOTES

PATIENT NAME: A.P. DOA: 8-14-2020

TREATMENT DATE: 8-28-2020
PRESENT COMPLAINTS: CTS, WFL, (RT) SH, (RT) elbow, (RT) wrist, (RT) knee
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____
DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: [Signature] SIGNATURE OF PATIENT: A.P.

TREATMENT DATE: 8-31-2020
PRESENT COMPLAINTS: CTS, WFL, (RT) SH, (RT) elbow, (RT) knee SLF
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____
DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: [Signature] SIGNATURE OF PATIENT: A.P.

TREATMENT DATE: 9-2-2020
PRESENT COMPLAINTS: CTS, WFL, (RT) SH, (RT) elbow, (RT) knee SLF
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____
DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: [Signature] SIGNATURE OF PATIENT: A.P.

TREATMENT DATE: 9-3-2020
PRESENT COMPLAINTS: CTS, WFL, (RT) SH, (RT) elbow, (RT) knee SLF
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____
DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: [Signature] SIGNATURE OF PATIENT: A.P.

TREATMENT DATE: 9-4-2020
PRESENT COMPLAINTS: CTS, WFL, (RT) SH, (RT) elbow, (RT) knee SLF
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____
DID PATIENT TOLERATE TREATMENT? YES/NO THERAPIST: [Signature] SIGNATURE OF PATIENT: A.P.

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Received Date 09282020

PHYSICAL THERAPY PROGRESS NOTES

PATIENT NAME: A.P. DOA: 8-14-2020

TREATMENT DATE: 9-10-2020
PRESENT COMPLAINTS: CLS, LBP, (R) SH, (R) ELBOW, (R) WRIST, (R) KNEES
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____
DID PATIENT TOLERATE TREATMENT? YES / NO THERAPIST: A SIGNATURE OF PATIENT: A.P.

TREATMENT DATE: 9-11-2020
PRESENT COMPLAINTS: CLS, LBP, (R) SH, (R) ELBOW, (R) WRIST, (R) KNEES
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____
DID PATIENT TOLERATE TREATMENT? YES / NO THERAPIST: A SIGNATURE OF PATIENT: A.P.

TREATMENT DATE: 9-15-2020
PRESENT COMPLAINTS: CLS, LBP, (R) SH, (R) ELBOW, (R) WRIST, (R) KNEES
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____
DID PATIENT TOLERATE TREATMENT? YES / NO THERAPIST: A SIGNATURE OF PATIENT: A.P.

TREATMENT DATE: 9-16-2020
PRESENT COMPLAINTS: CLS, LBP, (R) SH, (R) ELBOW, (R) WRIST, (R) KNEES
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____
DID PATIENT TOLERATE TREATMENT? YES / NO THERAPIST: A SIGNATURE OF PATIENT: A.P.

TREATMENT DATE: 9-18-2020
PRESENT COMPLAINTS: CLS, LBP, (R) SH, (R) ELBOW, (R) WRIST, (R) KNEES
AREA(S) OF TREATMENT: C-SPINE T-SPINE L-SPINE R/L-SH R/L-KN OTHER: _____
MODALITIES: COLD/HOT PACK MASSAGE PARABATH _____ EXERCISES _____ OTHER: _____
DID PATIENT TOLERATE TREATMENT? YES / NO THERAPIST: A SIGNATURE OF PATIENT: A.P.

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Received Date 09282020

EXHIBIT “7”

ENERGY CHIROPRACTIC, P.C.
1786 FLATBUSH AVE
BROOKLYN, NY 11210
929-333-9955

INITIAL EXAMINATION

Patient: R.D.
DOB: [REDACTED] 7/6
DOA: 7/30/18

Exam Date: 8/6/18

HISTORY and ADL's (Activity of Daily Living)

The patient is a (41) year-old (male/female) who presented to this office on (8/6/18) for treatment of injuries due to a (motor vehicle/work related) accident on (7/30/18). The patient was the (driver/front seat passenger/rear seat passenger/ on the right/ on the left/in the middle/ pedestrian/ bicyclist). The patient states that their vehicle was struck on the (driver's side/ passenger side/ front/ rear) by another vehicle. The patient (was/was not) wearing a seatbelt. At the moment of impact, the patient (lost consciousness/dazed/confused/dizzy) the patient (did/did not) struck their (head) against the (front seat/inside the car/steering wheel/front window/side window) the police (were/were not) on the scene. The patient was (evaluated by/taken by) (ambulance/private car) to (hospital). The patient was (examined/treated/received x-rays of the neck, back, shoulder, given medications/other) and (released/ admitted for observation and released on 8/6/18).

The patient states that following the incident on (7/30/18) (he/she) immediately felt (head pain, neck pain, lower back pain, middle back pain, left/right shoulder pain, left/right knee pain, left/right ankle pain, left/right hand pain, left/right foot pain, left/right hip pain, other: none).

THE PATIENT IS CURRENTLY FEELING ON THE DATE OF THIS EXAM:

- Constant/intermittent headaches rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) located by the patient pointing (globally, frontal, left/right temporal, left/right occipital, left/right parietal). Constant/intermittent facial pain rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain).
- Constant/intermittent jaw pain rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain).
- Constant/intermittent dizziness rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain).
- Constant/intermittent neck pain that is (stiff/stabbing/shooting/achy/sore) rated a (8) on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to down right shoulder.
- Constant/intermittent middle back pain that is (stiff/stabbing/shooting/achy/sore) rated a (8) on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to down right shoulder.
- Constant/intermittent lower back pain that is (stiff/stabbing/shooting/achy/sore) rated a (8) on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to down right shoulder.
- Constant/intermittent left/right hip/ thigh/ buttock pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to none.
- Constant/intermittent left/right arm/ hand/ leg/ ankle foot pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to none.
- Constant/intermittent left/right shoulder pain that is (stiff/stabbing/shooting/achy/sore) rated a (8) on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to down right shoulder.
- Constant/intermittent numbness/tingling/weakness that rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) in the none.
- Other: none.
- The patient denies/states they have bowel/bladder changes: none.

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ENERGY CHIROPRACTIC, P.C.
1786 FLATBUSH AVE
BROOKLYN, NY 11210
929-333-9955

PAST MEDICAL HISTORY OF THE PATIENT INCLUDES:

Hypertension controlled with medication/uncontrolled: _____
Diabetes controlled with medication/uncontrolled: _____
Heart disease controlled with medication/uncontrolled: _____
Cancer _____
Stroke: _____
High cholesterol controlled with medication/uncontrolled: _____
Prior injury in a motor vehicle accident on: 5/15/20
Other health condition: _____
Surgeries: _____
None

SOCIAL/WORK HISTORY INCLUDES:

The patient is single/married/divorced/widowed with 2 children/no children. The patient lives in a private house/ apartment with steps only/ apartment with an elevator.

The patient states that the injuries and conditions have affected their ability to (~~sleep, sit, stand, walk, lay down, concentrate, get dressed, have intimate relations~~). The patient is unemployed/employed as a Page John emp and is currently working/not working due to the injuries and conditions and missed 4 days of work at the moment of this exam. The patient's work duties include bending/lifting/standing/sitting/climbing/reaching/repetitive movements/phone usage/desk work at a work station/other: _____

PHYSICAL EXAMINATION

THE FOLLOWING ORTHOPEDIC AND NEUROLOGICAL TESTS WERE POSITIVE:

Cervical ranges of motion were observed on 8/10/18 and were as follows:

		Results (% of Loss)				Location of Pain
Flexion	WNL	<u>1-25</u>	26-50	51-75	76-100	—
Extension	WNL	1-25	26-50	51-75	76-100	—
Left Rotation	WNL	1-25	26-50	51-75	76-100	—
Right Rotation	WNL	1-25	26-50	51-75	76-100	—
Left Lateral Flexion	WNL	1-25	26-50	51-75	76-100	<u>QNP</u>
Right Lateral Flexion	WNL	<u>1-25</u>	26-50	51-75	76-100	—

Thoraco (T) – Lumbar (L) ranges of motion were observed 8/10/18 and were as follows

		Results (% of Loss)				Location of Pain
T-Flexion	<u>WNL</u>	1-25	26-50	51-75	76-100	<u>LBP</u>
T-Right Rotation	WNL	1-25	26-50	51-75	76-100	—
T-Left Rotation	WNL	1-25	26-50	51-75	76-100	—
L-Flexion	<u>WNL</u>	1-25	26-50	51-75	76-100	<u>LBP</u>
L-Extension	<u>WNL</u>	1-25	26-50	51-75	76-100	—
L-Right Lateral Flexion	<u>WNL</u>	1-25	26-50	51-75	76-100	—
L-Left Lateral Flexion	<u>WNL</u>	1-25	26-50	51-75	76-100	—

ENERGY CHIROPRACTIC, P.C.

1786 FLATBUSH AVE

BROOKLYN, NY 11210

929-333-9955

ORTHOPEDIC TEST (+ = positive findings; - = negative findings)

- +/- Soto Hall R/L
- +/- Cervical compression on the left/right/bilateral radiating to _____ for L/R neck pain, L/R shoulder pain, other: _____
- (+) Maximum foraminal compression of the left/right/bilateral radiating to _____ for L/R neck pain, L/R shoulder pain, other: _____
- +/- Bakody's Sign Increase/Decrease neck pain, other: _____
- (+) Jackson's compression on the left/right/bilateral radiating to _____ for L/R neck pain, L/R shoulder pain, other: _____
- (+) Shoulder Depression A neck + shion
- +/- George's test on the left/right/bilateral
- +/- Hautant's for arm swaying/body swaying
- (+) Kemp's test right/left/bilateral localized to L/R /radiating to: _____
- +/- Ely's on the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- +/- Nachlas on the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- +/- Yeoman's the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- (+) Left SLR at 45 degrees L/R low back pain/SI joint pain/other: _____
- (+) Right SLR at 45 degrees L/R low back pain/SI joint pain/other: _____
- +/- R / L Patrick Fabres for L/R hip pain / low back pain/ other: _____

POSTURAL FINDINGS:

• High Shoulder:	R	L	Level	_____
• High Pelvis:	R	L	Level	_____
• Head Carriage:	Ant-Trans	Post-Tans	Normal	_____
• Cervical:	Kyphotic	Lordotic		_____
• Thoracic:	Kyphotic	Lordotic		_____
• Lumbar:	Kyphotic	Lordotic		_____
• Short Leg:	R	L		_____

INTER-SEGMENTAL JOINT DYSFUNCTION AT:

C1 2 3 4 5 6 7 T1 2 3 4 5 6 7 8 9 10 11 12 L1 2 3 4 5 S1 LSI RSI

HYPERTONIC MUSCLES/TENDER/PAINFUL JOINTS:

Paraspinals	<u>C</u>	<u>T</u>	<u>L</u>	Trapezius	<u>R</u>	<u>L</u>	Other: _____
Gluteals	R	L		Quadratus Lumborum	<u>R</u>	<u>L</u>	
Iliopsoas	R	L		Levator Scapula	R	L	
TFL	R	L		Latissimus Dorsi	R	L	

ENERGY CHIROPRACTIC, P.C.

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BROOKLYN, NY 11210

929-333-9955

REFLEXES:

Bicep L	+1	2	3	4	5	Bicep R	+1	2	3	4	5
Tricep L	+1	2	3	4	5	Tricep R	+1	2	3	4	5
Radial L	+1	2	3	4	5	Radial R	+1	2	3	4	5
Patella L	+1	2	3	4	5	Patella R	+1	2	3	4	5
Achilles L	+1	2	3	4	5	Achilles R	+1	2	3	4	5

Babinski Reflex: + / -

Hoffman's Test: + / -

MUSCLE TESTING:

Arm Abd (C5/6)	R	L	Elbow Ext (C6/7/8)	R	L
Finger Abd (C8/T1)	R	L	Elbow Flex (C5/6)	R	L
Hip Flexion (L1-3)	R	L	Knee Ext (L2-4)	R	L
Leg Abd (L4-S1)	R	L	Foot Dorsiflex (L4/5)	R	L
Foot Plantar Flex (S1-2)	R	L			

X-RAYS/MRI NEURODIAGNOSTIC TESTING/OTHER: _____ is attached.

TREATMENT PLAN:

1. Chiropractic manipulative therapy on the order of (3 x's/week for 6-8 weeks)
2. Re-examination following the above treatment protocol
3. Orthopedist consult for: _____
4. Neurologist consult for: _____
5. Primary care physician consult for: _____
6. Other physician referral: _____
7. Soft tissue therapy on the order of (_____ x's week for _____ weeks)
8. Therapeutic exercises for office and home as prescribed
9. Referral for X-Rays of the C-Spine, T-Spine, L-Spine other: _____ to rule out/assess malposition, osseous pathology, malalignment. Radiographic studies may include motion study report(s) with flexion and extension views to analyze and rule out/ confirm ligamentous laxity/compromise/ soft tissue injury.
10. Referral for MRI of the C-Spine, T-Spine, L-Spine to R/O discogenic injury if symptoms persist for 2-3 weeks
11. Referral for Doppler study of the (carotid arteries/vertebral arteries) due to positive objective findings of _____ and symptoms of _____
12. Small pain fiber studies of the cervical/lumbar spine to objectively evaluate for pathology to the A-delta, A-Beta, and C sensory nerve fibers.
13. Other: _____
14. Paraspinal infrared imaging/Thermographic/ Temperature gradient study of the cervical/ thoracic/ lumbar region. Any paraspinal thermal asymmetry greater than 0.5 degrees Celsius is indicative of abnormal nervous system function. The higher the asymmetry the greater the extent of neural dysfunction.

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ENERGY CHIROPRACTIC, P.C.
1786 FLATBUSH AVE
BROOKLYN, NY 11210
929-333-9955

DIAGNOSIS:

G44209	Tension Headache
G43909	Migraine Headache
G540	Thor. Outlet Syndrome
	TMJ sounds/opening and closing jaw
M24559	Contracture of joint pelvis/hip region
M2550	Pain in joint unspec.
M25619	Pain in joint of the shoulder
R29898	Other symptoms referable to shoulder region
M5020	Cervical intervertebral disc displacement w/o myelopathy
M5126	Lumbar intervertebral disc displacement w/o myelopathy
M2428	Ligamentous laxity/ connective tissue injury
M542	Cervicalgia
M530	Cervical cranial syndrome
M531	Cervical brachial syndrome
M5412	Cervical radiculitis
M436	torticollis

M546	Thoracic pain
M545	Lumbago
M5430	Sciatic
M5415	Lumbar radiculopathy
M438X9	Curvature of spine-unspec.
M9903	Segmental joint dysfunction of the lumbar spine
M9901	Segmental joint dysfunction of the cervical spine
M9902	Segmental joint dysfunction of the thoracic spine
R112	Nausea/vomiting
R252	Muscle spasm
S134XXA	Cervical sprain/strain
S335XXA	Lumbar sprain/strain
S233XXA	Thoracic sprain/ strain
R42	dizziness
Q762	Spondylolithesis
other	MFS23

Today, _____, treatment:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)

PROGNOSIS:

The patient's prognosis is (guarded/good/fair/poor) at this time.

Cordially,


CHIROPRACTOR

ENERGY CHIROPRACTIC, P.C.
1786 FLATBUSH AVE
BROOKLYN, NY 11210
929-333-9955

INITIAL EXAMINATION

Patient: B.M.
DOB: [REDACTED] 72
DOA: 2/12/17

Exam Date: 2/16/17

HISTORY and ADL's (Activity of Daily Living)

The patient is a () year-old (male/female) who presented to this office on () for treatment of injuries due to a (motor vehicle/work related) accident on (). The patient was the (driver/front seat passenger/rear seat passenger/ on the right/ on the left/in the middle/ pedestrian/ bicyclist). The patient (was/was not) wearing a seatbelt. At the moment of impact, the patient (lost consciousness/dazed/confused/dizzy) the patient (did/did not) struck their () against the (front seat/inside the car/steering wheel/front window/side window) the police (were/were not) on the scene. The patient was taken by (ambulance/private car) to (). The patient was (examined/treated/received x-rays of the) given medications/other) and (released/ admitted for observation and released on).

Brooklyn
LA hosp on 2/14/17
x/RT
MEAS
lower leg

The patient states that following the incident on () (he/she) immediately felt (head pain, neck pain, lower back pain, middle back pain, left/right shoulder pain, left/right knee pain, left/right ankle pain, left/right hand pain, left/right foot pain, left/right hip pain, other:).

THE PATIENT IS CURRENTLY FEELING ON THE DATE OF THIS EXAM:

- Constant/intermittent headaches rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) located by the patient pointing (globally, frontal, left/right temporal, left/right occipital, left/right parietal).
- Constant/intermittent facial pain rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain).
- Constant/intermittent jaw pain rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain).
- Constant/intermittent dizziness rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain).
- Constant/intermittent neck pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to ().
- Constant/intermittent middle back pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to ().
- Constant/intermittent lower back pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to ().
- Constant/intermittent left/right hip/ thigh/ buttock pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to ().
- Constant/intermittent left/right arm/ hand/ leg/ ankle foot pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to ().
- Constant/intermittent left/right shoulder pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to ().
- Constant/intermittent numbness/tingling/weakness that rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) in the ().
- Other: ().
- The patient denies/ states they have bowel/bladder changes: ().

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ENERGY CHIROPRACTIC, P.C.
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929-333-9955

PAST MEDICAL HISTORY OF THE PATIENT INCLUDES:

Hypertension controlled with medication/uncontrolled: _____
Diabetes controlled with medication/uncontrolled: _____
Heart disease controlled with medication/uncontrolled: _____
Cancer _____
Stroke: _____
High cholesterol controlled with medication/uncontrolled: _____
Prior injury in a motor vehicle accident on: _____
Other health condition: _____
Surgeries: _____
None

SOCIAL/WORK HISTORY INCLUDES:

The patient is single/married/divorced/widowed with 2 children/no children. The patient smokes _____ packs per day/does not smoke and consumes alcohol/consumes alcohol socially/never consumes alcohol. The patient lives in a private house/apartment with steps only/apartment with an elevator.

The patient states that the injuries and conditions have affected their ability to (sleep/sit) stand, walk, lay down, concentrate, get dressed, have intimate relations). The patient is unemployed/employed as a Mental health and is currently working/not working due to the injuries and conditions and missed 7 days of work at the moment of this exam. The patient's work duties include bending/lifting/standing/sitting/climbing/reaching/repetitive movements/phone usage/desk work at a work station/other: _____

PHYSICAL EXAMINATION

THE FOLLOWING ORTHOPEDIC AND NEUROLOGICAL TESTS WERE POSITIVE:

Cervical ranges of motion were observed on (2/14/17) and were as follows:

		Results (% of Loss)				Location of Pain
		1-25	26-50	51-75	76-100	
Flexion	<u>WNL</u>	<u>1-25</u>	26-50	51-75	76-100	<u>NP</u>
Extension	WNL	<u>1-25</u>	26-50	51-75	76-100	<u>NP</u>
Left Rotation	WNL	<u>1-25</u>	26-50	51-75	76-100	<u>NP</u>
Right Rotation	WNL	<u>1-25</u>	26-50	51-75	76-100	<u>NP</u>
Left Lateral Flexion	WNL	<u>1-25</u>	26-50	51-75	76-100	<u>NP</u>
Right Lateral Flexion	WNL	<u>1-25</u>	26-50	51-75	76-100	<u>NP</u>

Thoraco (T) – Lumbar (L) ranges of motion were observed (2/14/17) and were as follows

		Results (% of Loss)				Location of Pain
		1-25	26-50	51-75	76-100	
T-Flexion	WNL	<u>1-25</u>	26-50	51-75	76-100	<u>NP</u>
T-Right Rotation	WNL	<u>1-25</u>	26-50	51-75	76-100	
T-Left Rotation	WNL	<u>1-25</u>	26-50	51-75	76-100	
L-Flexion	WNL	<u>1-25</u>	26-50	51-75	76-100	
L-Extension	WNL	<u>1-25</u>	26-50	51-75	76-100	
L-Right Lateral Flexion	WNL	<u>1-25</u>	26-50	51-75	76-100	
L-Left Lateral Flexion	WNL	<u>1-25</u>	26-50	51-75	76-100	

Restricted/Painful extra-spinal joints at: _____

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ORTHOPEDIC TEST (+ = positive findings; - = negative findings)

- +/- Soto Hall R/L
- (+) - Cervical compression on the left/right/bilateral radiating to _____ for L/R neck pain, L/R shoulder pain, other: _____
- (+) - Maximum foraminal compression of the left/right/bilateral radiating to _____ for L/R neck pain, L/R shoulder pain, other: _____
- +/- Bakody's Sign Increase/Decrease neck pain, other: _____
- (+) - Jackson's compression on the left/right/ bilateral radiating to _____ for L/R neck pain, L/R shoulder pain, other: _____
- +/- Shoulder Depression
- +/- George's test on the left/right/bilateral
- +/- Hautant's for arm swaying/body swaying
- (+) - Kemp's test right/left/bilateral localized to L/R LSR /radiating to: _____
- +/- Ely's on the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- +/- Nachlas on the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- +/- Yeoman's the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- +/- Left SLR at _____ degrees L/R low back pain/SI joint pain/other: _____
- +/- Right SLR at _____ degrees L/R low back pain/SI joint pain/other: _____
- +/- R / L Patrick Fabres for L/R hip pain / low back pain/ other: _____

POSTURAL FINDINGS:

- | | | | | |
|------------------|-----------|-----------|--------|-------|
| • High Shoulder: | R | L | Level | _____ |
| • High Pelvis: | R | L | Level | _____ |
| • Head Carriage: | Ant-Trans | Post-Tans | Normal | _____ |
| • Cervical: | Kyphotic | Lordotic | | _____ |
| • Thoracic: | Kyphotic | Lordotic | | _____ |
| • Lumbar: | Kyphotic | Lordotic | | _____ |
| • Short Leg: | R | L | | _____ |

INTER-SEGMENTAL JOINT DYSFUNCTION AT:

C1 2 3 4 5 6 7 T1 2 3 4 5 6 7 8 9 10 11 12 L1 2 3 4 5 S1 LSI RSI

HYPERTONIC MUSCLES/TENDER/PAINFUL JOINTS:

Paraspinals	C T L	Trapezius	R L	Other: _____
Gluteals	R L	Quadratus Lumborum	R L	
Iliopsoas	R L	Levator Scapula	R L	
TFL	R L	Latissimus Dorsi	R L	

ENERGY CHIROPRACTIC, P.C.
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BROOKLYN, NY 11210
929-333-9955

REFLEXES:

Bicep L	+1	2	3	4	5	Bicep R	+1	2	3	4	5
Tricep L	+1	2	3	4	5	Tricep R	+1	2	3	4	5
Radial L	+1	2	3	4	5	Radial R	+1	2	3	4	5
Patella L	+1	2	3	4	5	Patella R	+1	2	3	4	5
Achilles L	+1	2	3	4	5	Achilles R	+1	2	3	4	5

Cranial Nerves I-XII: _____

Babinski Reflex: + / -

Hoffman's Test: + / -

MUSCLE TESTING:

Arm Abd (C5/6)	R___ L___	Elbow Ext (C6/7/8)	R___ L___
Finger Abd (C8/T1)	R___ L___	Elbow Flex (C5/6)	R___ L___
Hip Flexion (L1-3)	R___ L___	Knee Ext (L2-4)	R___ L___
Leg Abd (L4-S1)	R___ L___	Foot Dorsiflex (L4/5)	R___ L___
Foot Plantar Flex (S1-2)	R___ L___		

X-RAYS/MRI NEURODIAGNOSTIC TESTING/OTHER: _____ is attached.

TREATMENT PLAN:

1. Chiropractic manipulative therapy on the order of (3 x's/week for 6-8 weeks)
2. Re-examination following the above treatment protocol
3. Orthopedist consult for: _____
4. Neurologist consult for: _____
5. Primary care physician consult for: _____
6. Other physician referral: _____
7. Soft tissue therapy on the order of (_____ x's week for _____ weeks)
8. Electrical muscle stimulation/ TENS/Interferential current/Heat/Ice
9. Therapeutic exercises for office and home as prescribed
10. Lumbar support orthotic for stabilization and support of the lumbar spine (see medical necessity letter)
11. Cervical collar for stabilization and support of the cervical spine
12. TENS unit for home use and instruction
13. Referral for X-Rays of the C-Spine, T-Spine, L-Spine, other: _____
14. Referral for MRI of the C-Spine, T-Spine, L-Spine to R/O discogenic injury if symptoms persist for 3-4 weeks
15. Referral for Doppler study of the (carotid arteries/vertebral arteries) due to positive objective findings of _____ and symptoms of _____
16. Neuromuscular re-education of the _____
17. Small pain fiber studies of the cervical/lumbar spine to objectively evaluate for pathology to the A-delta, A-Beta, and C sensory nerve fibers.
18. Other: _____

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ENERGY CHIROPRACTIC, P.C.
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929-333-9955

DIAGNOSIS:

G44209	Tension Headache	M546	Thoracic pain
G43909	Migraine Headache	M545	Lumbago
G540	Thor. Outlet Syndrome	M5430	Sciatic
	TMJ sounds/opening and closing jaw	M5415	Lumbar radiculopathy
M24559	Contracture of joint pelvis/hip region		Facet syndrome
M2550	Pain in joint unspec.	M438X9	Curvature of spine-unspec.
M25619	Pain in joint of the shoulder	M9901	Segmental joint dysfunction of the cervical spine
R29898	Other symptoms referable to shoulder region	M9902	Segmental joint dysfunction of the thoracic spine
M5020	Cervical intervertebral disc displacement w/o myelopathy	M9903	Segmental joint dysfunction of the lumbar spine
M5126	Lumbar intervertebral disc displacement w/o myelopathy	M9905	Segmental dysfunction of the hip/pelvis
	Cervical disc degeneration	Q762	Spondylolithesis
	Lumbar disc degeneration	R42	Dizziness
M542	Cervicalgia	R112	Nausea/vomiting
M530	Cervical cranial syndrome	R252	Muscle spasm
M531	Cervical brachial syndrome	S134XXA	Cervical sprain/strain
M5412	Cervical radiculitis	S233XXA	Thoracic sprain/strain
M436	Torticollis	S335XXA	Lumbar sprain/strain
			Rib strain/sprain
			Late effects of an injury
		Other:	

Today, _____, treatment:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)
Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139): _____

PROGNOSIS:

The patient's prognosis is guarded/good/fair/poor at this time.

Cordially,

CHIROPRACTOR

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ACH CHIROPRACTIC, P.C.
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PAST MEDICAL HISTORY OF THE PATIENT INCLUDES:

Hypertension controlled with medication/uncontrolled: _____
Diabetes controlled with medication/uncontrolled: _____
Heart disease controlled with medication/uncontrolled: _____
Cancer _____
Stroke: _____
High cholesterol controlled with medication/uncontrolled: controlled naturally
Prior injury in a motor vehicle accident on: _____
Other health condition: low vit D.
Surgeries: arthroscopy
None

SOCIAL/WORK HISTORY INCLUDES:

The patient is single/married/divorced/widowed with _____ children/no children. The patient smokes _____ packs per day/does not smoke and consumes alcohol/consumes alcohol socially/ never consumes alcohol. The patient lives in a private house apartment with steps only/ apartment with an elevator.

The patient states that the injuries and conditions have affected their ability to (sleep, sit, stand, walk, lay down, concentrate, get dressed, have intimate relations). The patient is unemployed/employed as a retired and is currently working/not working due to the injuries and conditions and missed _____ days of work at the moment of this exam. The patient's work duties include bending/lifting/standing/sitting/climbing/reaching/repetitive movements/phone usage/desk work at a work station/other: _____

PHYSICAL EXAMINATION

THE FOLLOWING ORTHOPEDIC AND NEUROLOGICAL TESTS WERE POSITIVE:

Cervical ranges of motion were measured with a goniometer on (10/12/16) and were as follows (+/- 5 degrees):

	Normal values	Measured values	Location of symptoms
Flexion	50	15	NP
Extension	60	15	NP
Left Rotation	80	35	strong NP
Right Rotation	80	50	mid NP
Left Lateral Flexion	45	25	ONP ++
Right Lateral Flexion	45	20	NP mid

Lumbar ranges of motion were measured with a goniometer on (10/12/16) and were as follows (+/- 5 degrees):

	Normal values	Measured values	Location of symptoms
Flexion	60	60	LP
Extension	25	20	CBP
Right Lateral Flexion	25	20	
Left Lateral Flexion	25	20	++ DLBP

Restricted/Painful extra-spinal joints at: _____

ACH CHIROPRACTIC, P.C.
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(929)333-9955

ORTHOPEDIC TEST (+ = positive findings; - = negative findings)

- +/- Soto Hall R/L
- +/- Cervical compression on the left/right/bilateral radiating to _____ for L/R neck pain, L/R shoulder pain, other: _____
- +/- Maximum foraminal compression of the left/right/bilateral radiating to _____ for L/R neck pain, L/R shoulder pain, other: _____
- +/- Bakody's Sign Increase/Decrease neck pain, other: _____
- +/- Jackson's compression on the left/right/ bilateral radiating to _____ for L/R neck pain, L/R shoulder pain, other: _____
- +/- Shoulder Depression
- +/- George's test on the left/right/bilateral
- +/- Hautant's for arm swaying/body swaying
- +/- Kemp's test right/left/bilateral localized to L/R L3 /radiating to: _____
- +/- Ely's on the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- +/- Nachlas on the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- +/- Yeoman's the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- +/- Left SLR at _____ degrees L/R low back pain/SI joint pain/other: _____
- +/- Right SLR at _____ degrees L/R low back pain/SI joint pain/other: _____
- +/- R / L Patrick Fabres for L/R hip pain / low back pain/ other: _____

POSTURAL FINDINGS:

- High Shoulder: R L Level _____
- High Pelvis: R L Level _____
- Head Carriage: Ant-Trans Post-Tans Normal _____
- Cervical: Kyphotic Lordotic _____
- Thoracic: Kyphotic Lordotic _____
- Lumbar: Kyphotic Lordotic _____
- Short Leg: R L _____

INTER-SEGMENTAL JOINT DYSFUNCTION AT:

C1 2 3 4 5 6 7 T1 2 3 4 5 6 7 8 9 10 11 12 L1 2 3 4 5 S1 LSI RSI

HYPERTONIC MUSCLES/TENDER/PAINFUL JOINTS:

Paraspinals	<u>C</u>	<u>T</u>	L	Trapezius	<u>R</u>	<u>L</u>	Other:
Gluteals	R	L		Quadratus Lumborum	<u>R</u>	<u>L</u>	
Iliopsoas	R	L		Levator Scapula	<u>R</u>	<u>L</u>	
TFL	R	L		Latissimus Dorsi	<u>R</u>	<u>L</u>	

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Received Date 11072016

ACH CHIROPRACTIC, P.C.
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(929)333-9955

REFLEXES:

Bicep L	+1	2	3	4	5	Bicep R	+1	2	3	4	5
Tricep L	+1	2	3	4	5	Tricep R	+1	2	3	4	5
Radial L	+1	2	3	4	5	Radial R	+1	2	3	4	5
Patella L	+1	2	3	4	5	Patella R	+1	2	3	4	5
Achilles L	+1	2	3	4	5	Achilles R	+1	2	3	4	5

Cranial Nerves I-XII: _____

Babinski Reflex: + / - _____

Hoffman's Test: + / - _____

MUSCLE TESTING:

Arm Abd (C5/6)	R	L	Elbow Ext (C6/7/8)	R	L
Finger Abd (C8/T1)	R	L	Elbow Flex (C5/6)	R	L
Hip Flexion (L1-3)	R	L	Knee Ext (L2-4)	R	L
Leg Abd (L4-S1)	R	L	Foot Dorsiflex (L4/5)	R	L
Foot Plantar Flex (S1-2)	R	L			

X-RAYS/MRI NEURODIAGNOSTIC TESTING/OTHER: _____ is attached.

TREATMENT PLAN:

1. Chiropractic manipulative therapy on the order of (3 x's/week for 6-8 weeks)
2. Re-examination following the above treatment protocol
3. Orthopedist consult for: _____
4. Neurologist consult for: _____
5. Primary care physician consult for: _____
6. Other physician referral: _____
7. Cervical/ lumbar traction to elongate shortened muscle fibers due to contraction/ decrease Intervertebral disc pressure
8. Referral for X-Rays of the C-Spine, T-Spine, L-Spine, other: _____
9. Referral for MRI of the C-Spine, T-Spine, L-Spine to R/O discogenic injury if symptoms persist for 3-4 weeks
10. Referral for Doppler study of the (carotid arteries/vertebral arteries) due to positive objective findings of _____ and symptoms of _____
11. Neuromuscular re-education of the _____
12. Small pain fiber studies of the cervical/lumbar spine to objectively evaluate for pathology to the A-delta, A-Beta, and C sensory nerve fibers.
13. Other: _____

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201611070017842
201611078103220002

MM 11072016
Received Date 11072016

ACH CHIROPRACTIC, P.C.
1786 FLATBUSH AVE.- BROOKLYN, NY 11210
(929)333-9955

DIAGNOSIS:

G44209	Tension Headache	M546	Thoracic pain
G43909	Migraine Headache	M545	Lumbago
G540	Thor. Outlet Syndrome	M5430	Sciatic
	TMJ sounds/opening and closing jaw	M5415	Lumbar radiculopathy
M24559	Contracture of joint pelvis/hip region		Facet syndrome
M2550	Pain in joint unspec.	M438X9	Curvature of spine-unspec.
M25619	Pain in joint of the shoulder	M9901	Segmental joint dysfunction of the cervical spine
R29898	Other symptoms referable to shoulder region	M9902	Segmental joint dysfunction of the thoracic spine
M5020	Cervical intervertebral disc displacement w/o myelopathy	M9903	Segmental joint dysfunction of the lumbar spine
M5126	Lumbar intervertebral disc displacement w/o myelopathy	M9905	Segmental dysfunction of the hip/pelvis
	Cervical disc degeneration	Q762	Spondylolithesis
	Lumbar disc degeneration	R42	Dizziness
M542	Cervicalgia	R112	Nausea/vomiting
M530	Cervical cranial syndrome	R252	Muscle spasm
M531	Cervical brachial syndrome	S134XXA	Cervical sprain/strain
M5412	Cervical radiculitis	S233XXA	Thoracic sprain/strain
M436	Torticollis	S335XXA	Lumbar sprain/strain
			Rib strain/sprain
			Late effects of an injury
		Other:	

Today, _____, treatment:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)

Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139): _____

PROGNOSIS:

The patient's prognosis is (guarded/good/fair/poor) at this time.

Cordially,

CHIROPRACTOR



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201611070017842

MM 11072016

201611078103220002

Received Date 11072016

DARREN L MOLLO, D.O.
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BROOKLYN, NY 11210

(929)333-9955

INITIAL EXAMINATION

Patient: Z.S.

Exam Date: 7/1/15

DOB: [REDACTED] 91

DOA: 6/25/15

HISTORY and ADL's (Activity of Daily Living)

The patient is a () year-old (male/female) who presented to this office on () for treatment of injuries due to a (motor vehicle/work related) accident on (). The patient was the (driver/front seat passenger/rear seat passenger/ on the right/ on the left/in the middle/ pedestrian/ bicyclist). The patient (was/was not) wearing a seatbelt. At the moment of impact, the patient (lost consciousness/dazed/confused/dizzy) the patient (did/did not) struck their () against the (front seat/inside the car/steering wheel/front window/side window) the police (were/were not) on the scene. The patient was taken by (ambulance/private car) to () (). The patient was (examined/treated/received x-rays of the) (given medications/other) and (released/admitted for observation and released on).

The patient states that following the incident on () (he/she) immediately felt (head pain, neck pain, lower back pain, middle back pain, left/right shoulder pain, left/right knee pain, left/right ankle pain, left/right hand pain, left/right foot pain, left/right hip pain, other:).

THE PATIENT IS CURRENTLY FEELING ON THE DATE OF THIS EXAM:

- Constant/intermittent headaches rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) located by the patient pointing (globally, frontal, left/right temporal, left/right occipital, left/right parietal).
- Constant/intermittent facial pain rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain).
- Constant/intermittent jaw pain rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain).
- Constant/intermittent dizziness rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain).
- Constant/intermittent neck pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to ().
- Constant/intermittent middle back pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to ().
- Constant/intermittent lower back pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to ().
- Constant/intermittent left/right hip/ thigh/ buttock pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to ().
- Constant/intermittent left/right arm/ hand/ leg/ ankle foot pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to ().
- Constant/intermittent left/right shoulder pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to ().
- Constant/intermittent numbness/tingling/weakness that rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) in the ().
- Other: ().
- The patient denies/states they have bowel/bladder changes: ().

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201508200005038

MM 08202015

201508208024740002

Received Date 08202015

DARREN T. MOLLO, D.O.

1786 FLATBUSH AVE.

BROOKLYN, NY 11210

(929)333-9955

PAST MEDICAL HISTORY OF THE PATIENT INCLUDES:

Hypertension controlled with medication/uncontrolled: _____

Diabetes controlled with medication/uncontrolled: _____

Heart disease controlled with medication/uncontrolled: _____

Cancer _____

Stroke: _____

High cholesterol controlled with medication/uncontrolled: _____

Prior injury in a motor vehicle accident on: _____

Other health condition: _____

Surgeries: _____

None

SOCIAL/WORK HISTORY INCLUDES:

The patient is single/married/divorced/widowed with children/no children. The patient smokes 2 packs per day/does not smoke and consumes alcohol/consumes alcohol socially/never consumes alcohol.

The patient states that the injuries and conditions have affected their ability to (sleep, sit, stand, walk, lay down, concentrate, get dressed, have intimate relations). The patient is unemployed/employed as a CASINER and is currently working/not working due to the injuries and conditions and missed _____ days of work at the moment of this exam.

PHYSICAL EXAMINATION

THE FOLLOWING ORTHOPEDIC AND NEUROLOGICAL TESTS WERE POSITIVE:

Cervical ranges of motion were observed on (WNL) and were as follows:

		Results (% of Loss)				Location of Pain
Flexion	WNL	1-25	26-50	51-75	76-100	
Extension	WNL	1-25	26-50	51-75	76-100	pulling on back/sp
Left Rotation	WNL	1-25	26-50	51-75	76-100	
Right Rotation	WNL	1-25	26-50	51-75	76-100	
Left Lateral Flexion	WNL	1-25	26-50	51-75	76-100	2 LFT spine pulling
Right Lateral Flexion	WNL	1-25	26-50	51-75	76-100	

Thoraco (T) – Lumbar (L) ranges of motion were observed (_____) and were as follows

		Results (% of Loss)				Location of Pain
T-Flexion	WNL	1-25	26-50	51-75	76-100	
T-Right Rotation	WNL	1-25	26-50	51-75	76-100	
T-Left Rotation	WNL	1-25	26-50	51-75	76-100	
L-Flexion	WNL	1-25	26-50	51-75	76-100	
L-Extension	WNL	1-25	26-50	51-75	76-100	
L-Right Lateral Flexion	WNL	1-25	26-50	51-75	76-100	
L-Left Lateral Flexion	WNL	1-25	26-50	51-75	76-100	

Restricted/Painful extra-spinal joints at: _____

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763
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(929)333-9955

ORTHOPEDIC TEST (+ = positive findings; - = negative findings)

- +/- Soto Hall R/L
- +/- Cervical compression on the left/right/bilateral radiating to _____ for L/R neck pain, L/R shoulder pain, other: _____
- +/- Maximum foraminal compression of the left/right/bilateral radiating to _____ for L/R neck pain, L/R shoulder pain, other: _____
- +/- Bakody's Sign Increase/Decrease neck pain, other: _____
- +/- Jackson's compression on the left/right/ bilateral radiating to _____ for L/R neck pain, L/R shoulder pain, other: _____
- +/- Shoulder Depression
- +/- George's test on the left/right/bilateral
- +/- Hautant's for arm swaying/body swaying
- +/- Kemp's test right/left/bilateral localized to L/R _____/radiating to: _____
- +/- Ely's on the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- +/- Nachlas on the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- +/- Yeoman's the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- +/- Left SLR at _____ degrees L/R low back pain/SI joint pain/other: _____
- +/- Right SLR at _____ degrees L/R low back pain/SI joint pain/other: _____
- +/- R / L Patrick Fabres for L/R hip pain / low back pain/ other: _____

POSTURAL FINDINGS:

- High Shoulder: R L Level
- High Pelvis: R L Level
- Head Carriage: Ant-Trans Post-Tans
- Cervical: Kyphotic Lordotic
- Thoracic: Kyphotic Lordotic
- Lumbar: Kyphotic Lordotic
- Short Leg: R L

Normal

INTER-SEGMENTAL JOINT DYSFUNCTION AT:

C1 2 3 4 5 6 7 T1 2 3 4 5 6 7 8 9 10 11 12 L1 2 3 4 5 S1 LSI RSI

HYPERTONIC MUSCLES/TENDER/PAINFUL JOINTS:

Paraspinals	C	T	L	Trapezius	R	L	Other:
Gluteals	R	L		Quadratus Lumborum	R	L	
Iliopsoas	R	L		Levator Scapula	R	L	
TFL	R	L		Latissimus Dorsi	R	L	

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MM 08202015
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REFLEXES:

Bicep L	+1	2	3	4	5
Tricep L	+1	2	3	4	5
Radial L	+1	2	3	4	5
Patella L	+1	2	3	4	5
Achilles L	+1	2	3	4	5

Bicep R	+1	2	3	4	5
Tricep R	+1	2	3	4	5
Radial R	+1	2	3	4	5
Patella R	+1	2	3	4	5
Achilles R	+1	2	3	4	5

Cranial Nerves I-XII:

Babinski Reflex: + / -

Hoffman's Test: + / -

MUSCLE TESTING:

Arm Abd (C5/6)	R	L
Finger Abd (C8/T1)	R	L
Hip Flexion (L1-3)	R	L
Leg Abd (L4-S1)	R	L
Foot Plantar Flex (S1-2)	R	L

Elbow Ext (C6/7/8)	R	L
Elbow Flex (C5/6)	R	L
Knee Ext (L2-4)	R	L
Foot Dorsiflex (L4/5)	R	L

X-RAYS/MRI NEURODIAGNOSTIC TESTING/OTHER: _____ is attached.

TREATMENT PLAN:

1. Chiropractic manipulative therapy on the order of (3 x's/week for 6-8 weeks)
2. Re-examination following the above treatment protocol
3. Orthopedist consult for: _____
4. Neurologist consult for: _____
5. Primary care physician consult for: _____
6. Other physician referral: _____
7. Soft tissue therapy on the order of (_____ x's week for _____ weeks)
8. Electrical muscle stimulation/ TENS/Interferential current/Heat/Ice .
9. Therapeutic exercises for office and home as prescribed
10. Lumbar support orthotic for stabilization and support of the lumbar spine (see medical necessity letter)
11. Cervical collar for stabilization and support of the cervical spine
12. TENS unit for home use and instruction
13. Referral for X-Rays of the C-Spine, T-Spine, L-Spine, other: _____
14. Referral for MRI of the C-Spine, T-Spine, L-Spine to R/O discogenic injury if symptoms persist for 3-4 weeks
15. Referral for Doppler study of the (carotid arteries/vertebral arteries) due to positive objective findings of _____ and symptoms of _____
16. Neuromuscular re-education of the _____
17. Small pain fiber studies of the cervical/lumbar spine to objectively evaluate for pathology to the A-delta, A-Beta, and C sensory nerve fibers.
18. Other: _____

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201508208024740002

MM 08202015
Received Date 08202015

DARREN T. MOLLO, D.C.
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BROOKLYN, NY 11210
(929)333-9955

DIAGNOSIS:

307.81	Tension Headache
346.90	Migraine Headache
353.0	Thor. Outlet Syndrome
524.64	TMJ sounds/opening and closing jaw
718.45	Contracture of joint pelvis/hip region
719.40	Pain in joint unspec.
719.51	Pain in joint of the shoulder
719.61	Other symptoms referable to shoulder region
721.0	Cervical spondylosis w/o myelopathy
721.1	Cervical spondylosis w/myelopathy
721.3	Lumbar spondylosis w/o myelopathy
721.7	Traumatic spondylosis
722.0	Cervical intervertebral disc displacement w/o myelopathy
722.10	Lumbar intervertebral disc displacement w/o myelopathy
722.4	Cervical disc degeneration
722.51	Lumbar disc degeneration
723.1	Cervicalgia
723.2	Cervical cranial syndrome
723.3	Cervical brachial syndrome
723.4	Cervical radiculitis
723.5	Torticollis

724.1	Thoracic pain
724.2	Lumbago
724.3	Sciatic
724.4	Lumbar radiculopathy
724.8	Facet syndrome
737.40	Curvature of spine-unspec.
739.1	Segmental joint dysfunction of the cervical spine
739.2	Segmental joint dysfunction of the thoracic spine
739.3	Segmental joint dysfunction of the lumbar spine
739.5	Segmental dysfunction of the hip/pelvis
756.12	Spondylolithesis
780.4	Dizziness
787.01	Nausea/vomiting
781.0	Muscle spasm
847.0	Cervical sprain/strain
847.1	Thoracic sprain/strain
847.2	Lumbar sprain/strain
848.3	Rib strain/sprain
908.9	Late effects of an injury
Other:	

Today, _____, treatment:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)

Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139): _____

PROGNOSIS:

The patient's prognosis is (guarded/good/fair/poor) at this time.

Cordially,


CHIROPRACTOR

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201508200005038
201508208024740002

MM 08202015
Received Date 08202015

INITIAL EXAMINATION

N.P.

Patient: _____

Exam Date: 9/4/13

DOB: [REDACTED]

DOA: 8/31/12

HISTORY and ADL's (Activity of Daily Living)

The patient is a () year-old (male/female) who presented to this office on () for treatment of injuries due to a (motor vehicle/work related) accident on (). The patient was the (driver/front seat passenger/rear seat passenger/ on the right/ on the left/in the middle/ pedestrian/ bicyclist). The patient (was/was not) wearing a seatbelt. At the moment of impact, the patient (lost consciousness/dazed/confused/dizzy) the patient (did/did not) struck their () against the (front seat/inside the car/steering wheel/front window/side window) the police (were/were not) on the scene. The patient was taken by (ambulance/private car) to (Kings County). The patient was (examined/treated/received x-rays of the right knee given medications/other) and (released/admitted for observation and released on).

The patient states that following the incident on () (he/she) immediately felt (head pain, neck pain, lower back pain, middle back pain, left/right shoulder pain, left/right knee pain, left/right ankle pain, left/right hand pain, left/right foot pain, left/right hip pain, other:).

THE PATIENT IS CURRENTLY FEELING ON THE DATE OF THIS EXAM:

- Constant/intermittent headaches rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) located by the patient pointing (globally, frontal, left/right temporal, left/right occipital, left/right parietal).
- Constant/intermittent facial pain rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain).
- Constant/intermittent jaw pain rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain).
- Constant/intermittent dizziness rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain).
- Constant/intermittent neck pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to _____.
- Constant/intermittent middle back pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to _____.
- Constant/intermittent lower back pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to _____.
- Constant/intermittent left/right hip/ thigh/ buttock pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to _____.
- Constant/intermittent left/right arm/ hand/ leg/ ankle foot pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to _____.
- Constant/intermittent left/right shoulder pain that is (stiff/stabbing/shooting/achy/sore) rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) radiating to _____.
- Constant/intermittent numbness/tingling/weakness that rated a () on a scale of 1-10 (1=minimal pain through 10 being severe pain) in the _____.
- Other: Right knee pain
- The patient denies/states they have bowel/bladder changes: _____.

PAST MEDICAL HISTORY OF THE PATIENT INCLUDES:

Hypertension controlled with medication/uncontrolled: _____
Diabetes controlled with medication/uncontrolled: _____
Heart disease controlled with medication/uncontrolled: _____
Cancer _____
Stroke: _____
High cholesterol controlled with medication/uncontrolled: _____
Prior injury in a motor vehicle accident on: 3 yrs ago the left forearm
Other health condition: _____
Surgeries: _____
None

SOCIAL/WORK HISTORY INCLUDES:

The patient is single/married/divorced/widowed with _____ children/no children. The patient smokes _____ packs per day/does not smoke and consumes alcohol socially/ never consumes alcohol. The patient lives in a private house/apartment with steps only/ apartment with an elevator.

The patient states that the injuries and conditions have affected their ability to (sleep, sit, stand, walk, lay down, concentrate, get dressed, have intimate relations). The patient is unemployed/employed as a Patient Care and is currently working/not working due to the injuries and conditions and missed 2 days of work at the moment of this exam. The patient's work duties include bending/lifting/standing/sitting/climbing/reaching/repetitive movements/phone usage/desk work at a work station/other: _____

PHYSICAL EXAMINATION

THE FOLLOWING ORTHOPEDIC AND NEUROLOGICAL TESTS WERE POSITIVE:

Cervical ranges of motion were observed on 9/4/13 and were as follows:

		Results (% of Loss)				Location of Pain
Flexion	<u>WNL</u>	1-25	26-50	51-75	76-100	-
Extension	<u>WNL</u>	1-25	26-50	51-75	76-100	-
Left Rotation	<u>WNL</u>	<u>1-25</u>	26-50	51-75	76-100	<u>NO</u>
Right Rotation	<u>WNL</u>	1-25	26-50	51-75	76-100	-
Left Lateral Flexion	<u>WNL</u>	1-25	26-50	51-75	76-100	<u>W</u>
Right Lateral Flexion	<u>WNL</u>	1-25	26-50	51-75	<u>76-100</u>	<u>W</u>

Thoraco (T) – Lumbar (L) ranges of motion were observed 9/4/13 and were as follows

		Results (% of Loss)				Location of Pain
T-Flexion	<u>WNL</u>	1-25	<u>26-50</u>	51-75	76-100	<u>U3L</u>
T-Right Rotation	<u>WNL</u>	1-25	26-50	51-75	76-100	-
T-Left Rotation	<u>WNL</u>	1-25	26-50	51-75	76-100	-
L-Flexion	<u>WNL</u>	1-25	<u>26-50</u>	51-75	<u>76-100</u>	<u>U3L</u>
L-Extension	<u>WNL</u>	<u>1-25</u>	26-50	51-75	76-100	<u>U3L</u>
L-Right Lateral Flexion	<u>WNL</u>	<u>1-25</u>	26-50	51-75	76-100	<u>U3L</u>
L-Left Lateral Flexion	<u>WNL</u>	1-25	26-50	51-75	76-100	<u>U3L</u>

Restricted/Painful extra-spinal joints at: _____

limited exam
over to
LBP

Page 3 of 5

ORTHOPEDIC TEST (+ = positive findings; - = negative findings)

- +/- Soto Hall R/L
- +/- Cervical compression on the left/right/bilateral radiating to _____ for L/R neck pain, L/R shoulder pain, other: _____
- +/- Maximum foraminal compression of the left/right/bilateral radiating to _____ for L/R neck pain, L/R shoulder pain, other: _____
- +/- Bakody's Sign Increase/Decrease neck pain, other: _____
- +/- Jackson's compression on the left/right/ bilateral radiating to _____ for L/R neck pain, L/R shoulder pain, other: _____
- +/- Shoulder Depression HL
- +/- George's test on the left/right/bilateral
- +/- Hautant's for arm swaying/body swaying
- +/- Kemp's test right/left/bilateral localized to L/R LBP /radiating to: _____
- +/- Ely's on the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- +/- Nachlas on the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- +/- Yeoman's the left/right/bilateral for L/R low back pain/SI joint pain/other: _____
- +/- Left SLR at _____ degrees L/R low back pain/SI joint pain/other: _____
- +/- Right SLR at _____ degrees L/R low back pain/SI joint pain/other: _____
- +/- R / L Patrick Fabres for L/R hip pain / low back pain/ other: _____

POSTURAL FINDINGS:

- High Shoulder: R L Level
- High Pelvis: R L Level
- Head Carriage: Ant-Trans Post-Tans Normal
- Cervical: Kyphotic Lordotic
- Thoracic: Kyphotic Lordotic
- Lumbar: Kyphotic Lordotic
- Short Leg: R L

RESTRICTED JOINT MOTION:

C1 2 3 4 5 6 7 T1 2 3 4 5 6 7 8 9 10 11 12 L1 2 3 4 5 S1 LSI RSI

HYPERTONIC MUSCLES/TENDER/PAINFUL JOINTS:

Paraspinals C T L Trapezius R L Other:
Gluteals R L Quadratus Lumborum R L
Iliopsoas R L Levator Scapula R L
TFL R L Latissimus Dorsi R L

GROSS DERMATOME FINDINGS:

+
C1 2 3 4 5 6 7 8 T1 2 3 4 5 6 7 8 9 10 11 12 L1 2 3 4 5 S1
- -

REFLEXES:

Bicep L +1 2 3 4 5
Tricep L +1 2 3 4 5
Radial L +1 2 3 4 5
Patella L +1 2 3 4 5
Achilles L +1 2 3 4 5

Bicep R +1 2 3 4 5
Tricep R +1 2 3 4 5
Radial R +1 2 3 4 5
Patella R +1 2 3 4 5
Achilles R +1 2 3 4 5

Cranial Nerves I-XII:

Babinski Reflex: + / -

Hoffman's Test: + / -

MUSCLE TESTING:

Arm Abd (C5/6) R L
Finger Abd (C8/T1) R L
Hip Flexion (L1-3) R L
Leg Abd (L4-S1) R L
Foot Plantar Flex (S1-2) R L

Elbow Ext (C6/7/8) R L
Elbow Flex (C5/6) R L
Knee Ext (L2-4) R L
Foot Dorsiflex (L4/5) R L

X-RAYS/MRI NEURODIAGNOSTIC TESTING/OTHER: _____ is attached.

TREATMENT PLAN:

1. Chiropractic manipulative therapy on the order of (3 x's/week for 46 weeks)
2. Re-examination following the above treatment protocol
3. Orthopedist consult for: _____
4. Neurologist consult for: _____
5. Primary care physician consult for: _____
6. Other physician referral: Kellie
7. Soft tissue therapy on the order of (3 x's/week for 46 weeks)
8. Electrical muscle stimulation/ TENS/Interferential current/Heat/Ice
9. Therapeutic exercises for office and home as prescribed
10. Lumbar support orthotic for stabilization and support of the lumbar spine (see medical necessity letter)
11. Cervical collar for stabilization and support of the cervical spine
12. TENS unit for home use and instruction
13. Referral for X-Rays of the C-Spine, T-Spine, L-Spine, other: _____
14. Referral for MRI of the C-Spine, T-Spine, L-Spine to R/O discogenic injury if symptoms persist for 3-4 weeks
15. Referral for Doppler study of the (carotid arteries/vertebral arteries) due to positive objective findings of _____ and symptoms of _____
16. Neuromuscular re-education of the _____
17. Small pain fiber studies of the cervical/lumbar spine to objectively evaluate for pathology to the A-delta, A-Beta, and C sensory nerve fibers.
18. Other: _____

DIAGNOSIS:

| | | | |
|--------|--|--------|---|
| 307.81 | Tension Headache | 724.1 | Thoracic pain |
| 346.90 | Migraine Headache | 724.2 | Lumbago |
| 353.0 | Thor. Outlet Syndrome | 724.3 | Sciatic |
| 524.64 | TMJ sounds/opening and closing jaw | 724.4 | Lumbar radiculopathy |
| 718.45 | Contracture of joint pelvis/hip region | 724.8 | Facet syndrome |
| 719.40 | Pain in joint unspec. | 737.40 | Curvature of spine-unspec. |
| 719.51 | Pain in joint of the shoulder | 739.1 | Segmental joint dysfunction of the cervical spine |
| 719.61 | Other symptoms referable to shoulder region | 739.2 | Segmental joint dysfunction of the thoracic spine |
| 721.0 | Cervical spondylosis w/o myelopathy | 739.3 | Segmental joint dysfunction of the lumbar spine |
| 721.1 | Cervical spondylosis w/myelopathy | 739.5 | Segmental dysfunction of the hip/pelvis |
| 721.3 | Lumbar spondylosis w/o myelopathy | 756.12 | Spondylolithesis |
| 721.7 | Traumatic spondylosis | 780.4 | Dizziness |
| 722.0 | Cervical intervertebral disc displacement w/o myelopathy | 787.01 | Nausea/vomiting |
| 722.10 | Lumbar intervertebral disc displacement w/o myelopathy | 781.0 | Muscle spasm |
| 722.4 | Cervical disc degeneration | 847.0 | Cervical sprain/strain |
| 722.51 | Lumbar disc degeneration | 847.1 | Thoracic sprain/strain |
| 723.1 | Cervicalgia | 847.2 | Lumbar sprain/strain |
| 723.2 | Cervical cranial syndrome | 848.3 | Rib strain/sprain |
| 723.3 | Cervical brachial syndrome | 908.9 | Late effects of an injury |
| 723.4 | Cervical radiculitis | Other: | |
| 723.5 | Torticollis | | |

Today, _____, treatment:

CMT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)

Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139): _____

DISABILITY STATUS:

The patient is currently mildly/moderately/severely disabled and is unable to perform normal work duties due to the injury sustained on _____ as a result of an automobile accident/work related accident.

PROGNOSIS:

The patient has suffered a (%) from ROM's loss of motion in the cervical spine and a (%) in the thoraco-lumbar spine that has affected the patient's ADL's. The patient's prognosis is (guarded/good/fair/poor) at this time.

Cordially,

CHIROPRACTOR

EXHIBIT “8”

S.B.

Patient: _____

DOI (if applicable): _____

DATE OF SERVICE: 2/26/18

See prim case MD
146/100 48mm

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:

Sharp Dull Ache Spasm Stiffness other: _____ Radiating to: _____ Numbness in: _____

Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)

Improving No Change Worsening Other notes: _____

Objective Findings:

Hypertonic/spasm CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R

Inter-segmental joint dysfunction (ISJD) at: C1 2 3 4 5 6 7 T1 2 3 4 5 6 7 8 9 10 11 12 L1 2 3 4 5 S1 LSI RSI

Decreased / Increased / No Change ROM: CSP TSP LSP Shldr L/R Hip L/R other: _____

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

F/D

Changed Diagnosis(es): _____

Plan:

CMT to the above ISJD level(s): 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)

Modality: Mechanical traction/ Intersegmental traction (97012)

Continue as planned Modify to _____ x's week/ _____ weeks

Refer for evaluation with: MD Neuro Ortho

After treatment, patient felt: Better Worse Unchanged

Other: Ice @ home 2-3x/15 min

S.B.

Patient's Signature: _____

Dr.'s Initials: _____

DATE OF SERVICE: 2/27/18

Xray LSP

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:

Sharp Dull Ache Spasm Stiffness other: _____ Radiating to: _____ Numbness in: _____

Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)

Improving No Change Worsening Other notes: _____

Objective Findings:

Hypertonic/spasm CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R

Inter-segmental joint dysfunction (ISJD) at: C1 2 3 4 5 6 7 T1 2 3 4 5 6 7 8 9 10 11 12 L1 2 3 4 5 S1 LSI RSI

Decreased / Increased / No Change ROM: CSP TSP LSP Shldr L/R Hip L/R other: _____

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es): _____

Plan for today:

CMT to the above ISJD level(s): 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)

Modality: Mechanical traction/ Intersegmental traction (97012)

Continue as planned Modify to _____ x's week/ _____ weeks

Refer for evaluation with: MD Neuro Ortho

After treatment, patient felt: Better Worse Unchanged

S.B.

Patient's Signature: _____

Dr.'s Initials: _____

Key: NP=neck pain, MBP=mid back pain, LBP=low back pain, ShldrP=shoulder pain, ArmP=arm pain, HipP=hip pain, FootP=foot pain, HandP=hand pain, L=Left, R=Right, CSP=cervical spine, TSP=thoracic spine, LSP=lumbar spine, L-Scap=levator scapula, L-Dorsi=lattissimus dorsi, I-Psoas=iliopsoas, Q-Lum=quadratus lumborum, RSI=right sacroiliac joint, LSI=left sacroiliac joint, Trap=trapezius, Restr=restricted, Tx=therapy, Neuro=Neurologist, Chiro=Chiropract, CMT=Chiropractic Manipulative Therapy, TPT=Trigger point therapy, MT=manual therapy, FWD=forward, REV=reverse, ext=extension, abs=abdominal, ROM=range of motion, EMS=electric muscle stimulation

201803070003982

MM 03072018

201803078016200002

Received Date 03072018

ACH CHIROPRACTIC, P.C.
1786 FLATBUSH AVE.- BROOKLYN, NY 11210
(929)333-9955

Patient: S.B.

DOI (if applicable): 10/17/16

> DATE OF SERVICE: 10/21/16

20 = T/L xray

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:
Sharp Dull Ache Spasm Stiffness other: Radiating to: Numbness in:

Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)

Improving No Change Worsening Other notes:

Objective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R L-Psoas L/R Q-Lum L/R Gluteal L/R
Inter-segmental joint dysfunction (ISJD) in the region(s): Cervical Thoracic Lumbar Sacral Left SI Right SI Occipital
Decreased / Increased / No Change ROM: CSP TSP LSP other:

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es):

Plan:

CMT to the above ISJD level(s): 1-2 Regions (98940) 3-4 Regions (98941) T/L/S

Modality: Mechanical traction (97012) cervical / lumbar spine

Continue as planned Modify to x's week/ weeks Other:

Refer for evaluation with: MD Neuro Ortho Other:

After treatment, patient felt: Better Worse Unchanged

S.B.

Patient's Signature:

Dr.'s Initials:

> DATE OF SERVICE: 10/27/16

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:
Sharp Dull Ache Spasm Stiffness other: Radiating to: Numbness in:

Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)

Improving No Change Worsening Other notes: Worse when sleeping

Objective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R L-Psoas L/R Q-Lum L/R Gluteal L/R
Inter-segmental joint dysfunction (ISJD) in the region(s): Cervical Thoracic Lumbar Sacral Left SI Right SI Occipital
Decreased / Increased / No Change ROM: CSP TSP LSP other:

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es):

Plan:

CMT to the above ISJD level(s): 1-2 Regions (98940) 3-4 Regions (98941)

Modality: Mechanical traction (97012) cervical / lumbar spine

Continue as planned Modify to x's week/ weeks Other:

Refer for evaluation with: MD Neuro Ortho Other:

After treatment, patient felt: Better Worse Unchanged

S.B.

Patient's Signature:

Dr.'s Initials:

Key: NP=neck pain, MBP=mild back pain, LBP=low back pain, ShldrP=shoulder pain, ArmP=arm pain, HipP=hip pain, FootP=foot pain, HandP=hand pain, L=Left, R=right, CSP=cervical spine, TSP=thoracic spine, LSP=lumbar spine, L-Scap=levator scapula, L-Dorsi=latissimus dorsi, L-Psoas=iliopsoas, Q-Lum=quadratus lumborum, RSI=right sacroiliac joint, LSI=left sacroiliac joint, Trap=trapezius, Restr=restricted, Tx=therapy, Neuro=Neurologist, Ortho=Orthopedist, CMT=Chiropractic Manipulative Therapy, TPT=Trigger point therapy, MT=manual therapy, FWD=forward, REV=reverse, ext=extension, ab=abdominal, ROM=range of motion, EMS=electric muscle stimulation

201611250000514

MM 11252016

201611258004310002

Received Date 11252016

ACH CHIROPRACTIC, P.C.
1786 FLATBUSH AVE.- BROOKLYN, NY 11210
(929)333-9955

S.B.

Patient: _____

DOI (if applicable): 10/17/16

> DATE OF SERVICE: 10/28/16

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:

Sharp Dull Ache Spasm Stiffness other: _____ Radiating to: _____ Numbness in: _____

Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)

Improving No Change Worsening Other notes: patient was using his hands to stretch his neck. exacerb. MP

Objective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R

Inter-segmental joint dysfunction (ISJD) in the region(s): Cervical Thoracic Lumbar Sacral Left SI Right SI Occipital

Decreased / Increased / No Change ROM: CSP TSP LSP other: _____

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es): _____

Plan:

CMT to the above ISJD level(s): 1-2 Regions (98940) 3-4 Regions (98941)

Modality: Mechanical traction (97012) cervical / lumbar spine

Continue as planned Modify to _____ x's week/ _____ weeks Other: _____

Refer for evaluation with: MD Neuro Ortho Other: _____

After treatment, patient felt: Better Worse Unchanged

S.B.

Patient's Signature: _____

Dr.'s Initials: [Signature]

> DATE OF SERVICE: _____

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:

Sharp Dull Ache Spasm Stiffness other: _____ Radiating to: _____ Numbness in: _____

Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)

Improving No Change Worsening Other notes: _____

Objective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R

Inter-segmental joint dysfunction (ISJD) in the region(s): Cervical Thoracic Lumbar Sacral Left SI Right SI Occipital

Decreased / Increased / No Change ROM: CSP TSP LSP other: _____

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es): _____

Plan:

CMT to the above ISJD level(s): 1-2 Regions (98940) 3-4 Regions (98941)

Modality: Mechanical traction (97012) cervical / lumbar spine

Continue as planned Modify to _____ x's week/ _____ weeks Other: _____

Refer for evaluation with: MD Neuro Ortho Other: _____

After treatment, patient felt: Better Worse Unchanged

Patient's Signature: _____

Dr.'s Initials: _____

Key: NP=neck pain, MBP=mid back pain, LBP=low back pain, ShldrP= shoulder pain, ArmP=arm pain, HipP=hip pain, FootP=foot pain, HandP=hand pain, L=Left, R=right, CSP=cervical spine, TSP=thoracic spine, LSP=lumbar spine, L-Scap=levator scapula, L-Dorsi=latus dorsi, I-Psoas=iliopsoas, Q-Lum=quadratus lumborum, RSI=right sacroiliac joint, LSI=left sacroiliac joint, Trap=trapezius, Restr=restricted, Tx=therapy, Neuro=Neurologist, Ortho=Orthopedist, CMT=Chiropractic Manipulative Therapy, TPT=Trigger point therapy, MT=manual therapy, FWD=forward, REV=reverse, ext=extension, ab=abdominal, ROM=range of motion, EMS=electric muscle stimulation

201611250000514

MM 11252016

201611258004310002

Received Date 11252016

ACH CHIROPRACTIC, P.C.
1786 FLATBUSH AVE.- BROOKLYN, NY 11210
(929)333-9955

D.S.

Patient: _____

DOI (if applicable): 9/20/11

> DATE OF SERVICE: 10/11/11

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:

Sharp Dull Ache Spasm Stiffness other: _____ Radiating to: _____ Numbness in: _____

Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)

Improving No Change Worsening Other notes: _____

Objective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R L-Psoas L/R Q-Lum L/R Gluteal L/R

Inter-segmental joint dysfunction (ISJD) in the region(s): Cervical Thoracic Lumbar Sacral Left SI Right SI Occipital

Decreased / Increased / No Change ROM: CSP TSP LSP other: _____

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es): _____

Plan:

CMT to the above ISJD level(s): 1-2 Regions (98940) 3-4 Regions (98941) Soft tissue CMT

Modality: Mechanical traction (97012) cervical / lumbar spine

Continue as planned Modify to _____ x's week/ _____ weeks Other: _____

Refer for evaluation with: MD Neuro Ortho Other: _____

After treatment, patient felt: Better Worse Unchanged

D.S.

Patient's Signature: _____

Dr.'s Initials: [Signature]

> DATE OF SERVICE: 10/19/11

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:

Sharp Dull Ache Spasm Stiffness other: _____ Radiating to: _____ Numbness in: _____

Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)

Improving No Change Worsening Other notes: _____

Objective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R L-Psoas L/R Q-Lum L/R Gluteal L/R

Inter-segmental joint dysfunction (ISJD) in the region(s): Cervical Thoracic Lumbar Sacral Left SI Right SI Occipital

Decreased / Increased / No Change ROM: CSP TSP LSP other: _____

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es): _____

Plan:

CMT to the above ISJD level(s): 1-2 Regions (98940) 3-4 Regions (98941) Soft tissue CMT

Modality: Mechanical traction (97012) cervical / lumbar spine

Continue as planned Modify to _____ x's week/ _____ weeks Other: _____

Refer for evaluation with: MD Neuro Ortho Other: _____

After treatment, patient felt: Better Worse Unchanged

D.S.

Patient's Signature: _____

Dr.'s Initials: [Signature]

Key: NP=neck pain, MBP=mid back pain, LBP=low back pain, ShldrP= shoulder pain, ArmP=arm pain, HipP=hip pain, FootP=foot pain, HandP=hand pain, L=Left, R=right, CSP=cervical spine, TSP=thoracic spine, LSP=lumbar spine, L-Scap=levator scapula, L-Dorsi=latissimus dorsi, L-Psoas=iliopsoas, Q-Lum=quadratus lumborum, RSI=right sacroiliac joint, LSI=left sacroiliac joint, Trap=trapezius, Rest=restricted, Tx=therapy, Neuro=Neurologist, Ortho=Orthopedist, CMT=Chiropractic Manipulative Therapy, TPT=Trigger point therapy, MT=manual therapy, FWD=forward, REV=reverse, ext=extension, ab=abdominal, ROM=range of motion, EMS=electric muscle stimulation

201611070017842

MM 11072016

201611078103220002

Received Date 11072016

ACH CHIROPRACTIC, P.C.
1786 FLATBUSH AVE.- BROOKLYN, NY 11210
(929)333-9955

D.S.

Patient: _____

DOI (if applicable): 9/20/11

> DATE OF SERVICE: 10/20/11

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:

Sharp Dull Ache Spasm Stiffness other: _____ Radiating to: _____ Numbness in: _____

Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)

Improving No Change Worsening Other notes: _____

Objective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R

Inter-segmental joint dysfunction (ISJD) in the region(s): Cervical Thoracic Lumbar Sacral Left SI Right SI Occipital

Decreased / Increased / No Change ROM: CSP TSP LSP other: _____

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es): _____

Plan:

CMT to the above ISJD level(s): 1-2 Regions (98940) 3-4 Regions (98941)

Modality: Mechanical traction (97012) cervical / lumbar spine

Continue as planned Modify to _____ x's week/ _____ weeks Other: _____

Refer for evaluation with: MD Neuro Ortho Other: _____

After treatment, patient felt: Better Worse Unchanged

D.S.

Patient's Signature: _____ Dr.'s Initials: ASD

> DATE OF SERVICE: 10/26/11

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:

Sharp Dull Ache Spasm Stiffness other: _____ Radiating to: _____ Numbness in: _____

Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)

Improving No Change Worsening Other notes: _____

Objective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R

Inter-segmental joint dysfunction (ISJD) in the region(s): Cervical Thoracic Lumbar Sacral Left SI Right SI Occipital

Decreased / Increased / No Change ROM: CSP TSP LSP other: _____

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.

Changed Diagnosis(es): _____

Plan:

CMT to the above ISJD level(s): 1-2 Regions (98940) 3-4 Regions (98941)

Modality: Mechanical traction (97012) cervical / lumbar spine

Continue as planned Modify to _____ x's week/ _____ weeks Other: _____

Refer for evaluation with: MD Neuro Ortho Other: _____

After treatment, patient felt: Better Worse Unchanged

D.S.

Patient's Signature: _____ Dr.'s Initials: ASD

Key: NP=neck pain, MBP=mild back pain, LBP=low back pain, ShldrP=shoulder pain, ArmP=arm pain, HipP=hip pain, FootP=foot pain, HandP=hand pain, L=Left, R=right, CSP=cervical spine, TSP=thoracic spine, LSP=lumbar spine, L-Scap=levator scapula, L-Dorsi=lattissimus dorsi, I-Psoas=iliopsoas, Q-Lum=quadratus lumborum, RSI=right sacroiliac joint, LSI=left sacroiliac joint, Trap=trapezius, Rest=restricted, Tx=therapy, Neuro=Neurologist, Ortho=Orthopedist, CMT=Chiropractic Manipulative Therapy, TPT=Trigger point therapy, MT=manual therapy, FWD=forward, REV=reverse, ext=extension, ab=abdominal, ROM=range of motion, EMS=electric muscle stimulation

201611070017842

MM 11072016

201611078103220002

Received Date 11072016

DAILY CHIROPRACTIC SOAP NOTES

786 FLATBUSH AVENUE, BROOKLYN, NY 11210

PATIENT: J.P.

DOA: 2/15/11

DATE OF SERVICE: _____

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:
Sharp Dull Ache Spasm Radiating to: _____ Numbness in: _____

Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)

Improving No Change Worsening Other notes: _____

Subjective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R
Joint dysfunction in the following region(s) Occipital Cervical Thoracic Lumbar Sacral Other: _____

Decreased / Increased / No Change ROM: CSP TSP LSP Shldr L/R Hip L/R other: _____

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.
Changed Diagnosis(es): _____

Plan:

MT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)
Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139): _____

Continue as planned Modify to _____ x's week/ _____ weeks Other: _____

Refer for evaluation with: MD Neuro Ortho Other: _____

After treatment, patient felt: Better Worse Unchanged

Patient's Signature: J.P.

Dr.'s Initials:

DATE OF SERVICE: 7/12/14

Patient states they are experiencing:

NP MBP LBP HA Shldr P: L/R Arm P: L/R Hip P: L/R Foot P: L/R Hand P: L/R Other:
Sharp Dull Ache Spasm Radiating to: _____ Numbness in: _____

Level of Discomfort: 1 (least discomfort) 2 3 4 5 6 7 8 9 10 (most discomfort)

Improving No Change Worsening Other notes: _____

Subjective Findings:

Hypertonic / spasm: CSP TSP LSP Trap L/R L-Scap L/R L-Dorsi L/R I-Psoas L/R Q-Lum L/R Gluteal L/R
Joint dysfunction in the following region(s) Occipital Cervical Thoracic Lumbar Sacral Other: _____

Decreased / Increased / No Change ROM: CSP TSP LSP Shldr L/R Hip L/R other: _____

Today's Assessment:

Improving No Change Worsening See previous diagnosis(es) Exacerb.
Changed Diagnosis(es): _____

Plan:

MT to the above joint dysfunction regions: 1-2 Regions (98940) 3-4 Regions (98941) 5 Regions (98942)
Modality: Therapeutic exercise (97110) Massage (97124) Neuromuscular re-education (97112) Other (97139): _____

Continue as planned Modify to _____ x's week/ _____ weeks Other: _____

Refer for evaluation with: MD Neuro Ortho Other: _____

After treatment, patient felt: Better Worse Unchanged

Patient's Signature: J.P.

Dr.'s Initials:

P=neck pain, MBP=mid back pain, LBP=low back pain, ShldrP=shoulder pain, ArmP=arm pain, HipP=hip pain, FootP=foot pain, HandP=hand pain, L=Left, R=right, CSP=cervical spine, TSP=thoracic spine, LSP=lumbar spine, S=scapula, L-Dorsi=latissimus dorsi, I-Psoas=iliopsoas, Q-Lum=quadratus lumborum, RSI=right sacroiliac joint, LSI=left sacroiliac joint, Trap=trapezius, Rest=restricted, Tx=therapy, Neuro=Neurologist, Orthopedist, CMT=Chiropractic Manipulative Therapy, TPT=Trigger point therapy, MT=manual therapy, FWD=forward, REV=reverse, ext=extension, ab=abdominal, ROM=range of motion, EMS=electric muscle stimulation

201404140012594

MM 04142014

201404148079970002

EXHIBIT “9”

Page 1 of 2

Dr. Darren Mollo

1786 Flatbush Ave.- Brooklyn, NY 11210

(929)333-9955

Name: P.G.

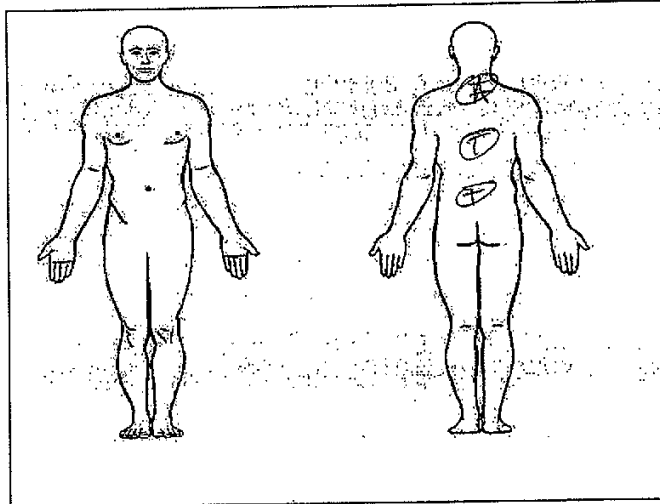
Date: 11/6/18

Date of injury: _____

Re-evaluation (subjective findings)

Please Mark the Appropriate area with:

A= ache, S= Sharp, N= numb, T= tightness, O= other: _____



How do you feel overall today (1-10, 1= least discomfort through 10 severe discomfort): 4

How often do you feel the above symptom(s): Daily circled Frequent 1x/wk rarely (circle one)

What makes your symptoms worse: Sleeping sitting standing walking laying down
(circle all that apply) Get dressed driving lifting bending other: _____

What makes your symptoms better: Nothing ice heat rest exercise medication
(circle all that apply) Other: _____

Has chiropractic treatment helped (circle one): Greatly sometimes rarely circled not at all

P.G.

X
Doctor's signature

11/6/18
Date

201811190006865

MM 11192018

201811198029560002

Received Date 11192018

Page 2 of 2

Dr. Darren Mollo

1786 Flatbush Ave.- Brooklyn, NY 11210

(929)333-9955

Name: P.G.

Date: 11/6/18

Date of injury: _____

Re-evaluation (Objective findings)

Cervical range of motion (observed as percentage loss of motion)

| | 1-25 | 26-50 | 51-75 | 75-100 | pain (Y/N) | location: |
|-----------------|------|-------|-------|--------|------------|-----------|
| Flexion | ✓ | — | — | — | N | — |
| Extension | ✓ | — | — | — | N | — |
| Left rotation | ✓ | — | — | — | N | — |
| Right rotation | ✓ | — | — | — | Y | @ C/R |
| Left lat. Flex | ✓ | — | — | — | N | — |
| Right lat. Flex | ✓ | — | — | — | Y | @ C/R |

Lumbar range of motion (observed as percentage loss of motion)

| | 1-25 | 26-50 | 51-75 | 75-100 | pain (Y/N) | location: |
|-----------------|------|-------|-------|--------|------------|-----------|
| Flexion | — | — | ✓ | — | Y | R-sp |
| Extension | — | — | — | — | — | — |
| Left lat. Flex | — | — | — | — | — | — |
| Right lat. Flex | — | — | — | — | — | — |

Orthopedic tests/ palpatory findings/ intersegmental joint dysfunction (ISJD):

Cerv. compression: +/L/R for L/R _____ Jackson's compression: +/L/R for L/R _____
 Kemp's test: +/L/R for L/R _____ Ely's test: +/- L/R for L/R _____
 Straight leg raise right: +/- ___ deg _____ Striaight leg raise left: +/- ___ deg _____

Hypertonic: Paraspinals (C-sp T-sp L-sp) L/R trapezius L/R Q. Lumborum L/R Lat. Dorsi
 ISJD: C1 2 3 4 5 6 7 T1 2 3 4 5 6 7 8 9 10 11 12 L1 2 3 4 5 Sac LSI RSI

Assessment: Greatly improved Minimally improved No improvement Exacerbation

Plan: CMT-3x/wk 2x/wk 1x/wk ___ wks / re-eval. ___ wks / max. chiro benefit discharge

Diagnoses remain same add diagnosis(es) _____ delete diagnos(es) _____

Other: _____

Today's treatment: 98940 98941 99212 other: _____

Doctor's signature

Date

201811190006865

MM 11192018

201811198029560002

Received Date 11192018

ACH CHIROPRACTIC, P.C.

1786 FLATBUSH AVE. BROOKLYN, NY 11210

(929)333-9955

J.L.

RE-EXAMINATION

PATIENT'S NAME: _____

DATE: 7/25/16DATE OF INJURY: 4/19/16

My pain level today is (0 is no pain, 1 is the least pain and 10 is the most pain): Circle one:

0

1

2

3

4

5

6

7

8

9

10

PATIENT
INITIALS

Overall chiropractic treatment has: HELPED ALOT / HELPED SOMEWHAT / HELPED A LITTLE / NOT HELPED

SUBJECTIVE COMPLAINTS:

NECK PAIN R/L

UPPER / MIDDLE BACK PAIN R/L

LOWER BACK PAIN R/L tightness + pressure / pinchHEADACHES occ

L/R SHOULDER PAIN

L/R HIP PAIN

NUMBNESS / TINGLING:

OTHER: thigh pain

ORTHOPEDIC TESTS

+/- SOTO HALL

+/- CERVICAL COMPRESSION R/L

+/- JACKSON'S COMPRESSION R/L

+/- SHOULDER DEPRESSOR R/L

+/- KEMP'S R/L 4500m 4R

+/- STRAIGHT LEG RAISE @ _____ DEG. R / L

+/- ELY'S L/R

CERVICAL ROM: PERCENTAGE LOSS

FLEXION: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

EXTENS: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

L ROT: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

R ROT: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

L L. FLEX: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

R L. FLEX: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

LUMBAR ROM: PERCENTAGE LOSS

FLEXION: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

EXTENS: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

L ROT: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

R ROT: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

L L. FLEX: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

R L. FLEX: WNL 1-25 26-50 51-75 76-100 PAIN NO PAIN

HYPERTONIC MUSCLES:

CERVICAL PARASPINALS

R / L TRAPEZIUS

THORACIC PARASPINALS

R / L RHOMBOID

LUMBAR PARASPINALS

R / L LAT. DORSI

R / L QUADRATUS LUMBORUM

R / L GLUTEAL

OTHER: _____

RESTRICTED JOINT MOTION:

CERVICAL

THORACIC

LUMBAR

SACRAL

R / L SACRO- ILIAC

OTHER: _____

ASSESSMENT: IMPROVED NO CHANGE WORSENING EXC

PLAN:

CMT MECHANICAL TRACTION. OTHER: _____

CERVICAL THORACIC LUMBAR OTHER: SOL

1-2X/WK 2-3X/ WK AS NEEDED DISCHARGE OTHER: _____

NEXT RE- EVALUATION: 4- WKS 6- WKS 8- WKS OTHER: _____

REFERRAL: MD ORTHO MRI OTHER: _____ FOR: _____

TODAY: 98940 98941 97012 OTHER: _____

CHANGES IN DIAGNOSIS(ES) : NO YES: _____

J.L.

PATIENT'S SIGNATURE

DATE

DOCTOR'S INITIALS

201608160007454

MM 08162016

201608168039790002

Received Date 08162016

ACH CHIROPRACTIC, P.C.

1786 FLATBUSH AVE- BROOKLYN, NY 11210

(929)333-9955

PATIENT'S NAME: F.P.

RE-EVALUATION

DATE: 3/16/16

DATE OF INJURY: 1/9/16

My pain level today is (0 is no pain, 1 is the least pain and 10 is the most pain): Circle one:

0

1

2

3

4

5

6

7

8

9

10

F.P.
PATIENT
INITIALS*See Subjective
Complaint

Overall chiropractic treatment has: HELPED A LOT / HELPED SOMEWHAT / HELPED A LITTLE / NOT HELPED

SUBJECTIVE COMPLAINTS:

1/16
10 NECK PAIN R / L Shoulder 1:10
10 UPPER / MIDDLE BACK PAIN R / L 1:10
10 LOWER BACK PAIN R / L 4:10
HEADACHES
10 R SHOULDER PAIN Resolved
10 R HIP PAIN 1:10
NUMBNESS / TINGLING:
0 OTHER: Lt. Knee Resolved
10 Lt. elbow Resolved

ORTHOPEDIC TESTS

+/- SOTO HALL
+/- CERVICAL COMPRESSION R / L
+/- JACKSON'S COMPRESSION R / L
+/- SHOULDER DEPRESSOR R / L
+/- KEMP'S R / L
+/- STRAIGHT LEG RAISE @ _____ DEG. R / L
+/- ELY'S L / R

CERVICAL ROM: PERCENTAGE LOSS

| | WNL | 1-25 | 26-50 | 51-75 | 76-100 | PAIN | NO PAIN |
|------------|-----|------|-------|-------|--------|------|---------|
| FLEXION: | WNL | 1-25 | 26-50 | 51-75 | 76-100 | PAIN | NO PAIN |
| EXTENS: | WNL | 1-25 | 26-50 | 51-75 | 76-100 | PAIN | NO PAIN |
| L ROT: | WNL | 1-25 | 26-50 | 51-75 | 76-100 | PAIN | NO PAIN |
| R ROT: | WNL | 1-25 | 26-50 | 51-75 | 76-100 | PAIN | NO PAIN |
| L L. FLEX: | WNL | 1-25 | 26-50 | 51-75 | 76-100 | PAIN | NO PAIN |
| R L. FLEX: | WNL | 1-25 | 26-50 | 51-75 | 76-100 | PAIN | NO PAIN |

LUMBAR ROM: PERCENTAGE LOSS

| | WNL | 1-25 | 26-50 | 51-75 | 76-100 | PAIN | NO PAIN |
|------------|-----|------|-------|-------|--------|------|---------|
| FLEXION: | WNL | 1-25 | 26-50 | 51-75 | 76-100 | PAIN | NO PAIN |
| EXTENS: | WNL | 1-25 | 26-50 | 51-75 | 76-100 | PAIN | NO PAIN |
| L ROT: | WNL | 1-25 | 26-50 | 51-75 | 76-100 | PAIN | NO PAIN |
| R ROT: | WNL | 1-25 | 26-50 | 51-75 | 76-100 | PAIN | NO PAIN |
| L L. FLEX: | WNL | 1-25 | 26-50 | 51-75 | 76-100 | PAIN | NO PAIN |
| R L. FLEX: | WNL | 1-25 | 26-50 | 51-75 | 76-100 | PAIN | NO PAIN |

HYPERTONIC MUSCLES:

CERVICAL PARASPINALS
THORACIC PARASPINALS
LUMBAR PARASPINALS
R / L QUADRATUS LUMBORUM
R / L GLUTEAL
OTHER: SI joints

R / L TRAPEZIUS
R / L RHOMBOID
R / L LAT. DORSI

RESTRICTED JOINT MOTION:

CERVICAL
THORACIC
LUMBAR
SACRAL
R / L SACRO- ILIAC
OTHER:

ASSESSMENT: IMPROVED NO CHANGE WORSENING

PLAN:

CMT MECHANICAL TRACTION. OTHER:

CERVICAL THORACIC LUMBAR OTHER:

1-2X/WK 2-3X/WK AS NEEDED DISCHARGE OTHER:

NEXT RE-EVALUATION: 4- WKS 6- WKS 8- WKS OTHER:

REFERRAL: MD ORTHO MRI OTHER: FOR:

TODAY: 98940 98941 97012 OTHER:

CHANGES IN DIAGNOSIS(ES): NO YES: M9901, M9902,

M9903, M9905, M542, M545

F.P.

PATIENT'S SIGNATURE

DATE

DOCTOR'S INITIALS

201604180000728

MM 04182016

201604188000070002

Received Date 04182016

CHIROPRACTIC RE-EXAMINATION

1786 FLATBUSH AVENUE, BROOKLYN, NY 11210

PATIENT: A.S.

DOA: 10/11/13

DATE: 1/13/14

SUBJECTIVE COMPLAINTS

Neck: (pain/stiffness)
Upper Back: (pain/stiffness)
Pain: L/R Shoulder, L/R Arm, L/R Elbow, L/R Hand;
Numbness: L/R Shoulder, L/R Arm, L/R Hand;

Mid-Low Back: (pain/stiffness)
Pain: L/R Hip, L/R Buttock, L/R Leg, L/R Knee, L/R Foot
Numbness: L/R Hip, L/R Buttock, L/R Leg, L/R Foot
Other:

OBJECTIVE FINDINGS

Cervical ROM

| | | Results (% of Loss) | | | |
|--------------------|-----|---------------------|-------|-------|--------|
| Flexion | WNL | 1-25 | 26-50 | 51-75 | 76-100 |
| Extension | WNL | 1-25 | 26-50 | 51-75 | 76-100 |
| Left Rotation | WNL | 1-25 | 26-50 | 51-75 | 76-100 |
| Right Rotation | WNL | 1-25 | 26-50 | 51-75 | 76-100 |
| Left Lat. Flexion | WNL | 1-25 | 26-50 | 51-75 | 76-100 |
| Right Lat. Flexion | WNL | 1-25 | 26-50 | 51-75 | 76-100 |

Lumbar ROM

| | | Results (% of Loss) | | | |
|--------------------|-----|---------------------|-------|-------|--------|
| Flexion | WNL | 1-25 | 26-50 | 51-75 | 76-100 |
| Extension | WNL | 1-25 | 26-50 | 51-75 | 76-100 |
| Left Rotation | WNL | 1-25 | 26-50 | 51-75 | 76-100 |
| Right Rotation | WNL | 1-25 | 26-50 | 51-75 | 76-100 |
| Left Lat. Flexion | WNL | 1-25 | 26-50 | 51-75 | 76-100 |
| Right Lat. Flexion | WNL | 1-25 | 26-50 | 51-75 | 76-100 |

R/L Cervical Foraminal Compression: +
R/L Jackson's Compression: +
R/L Cervical Distraction: +
R/L Shoulder Depression: +
Soto-Hall:

R/L Straight Leg Raise + deg. 40
R/L Kemp's: +
R/L Ely's: +
R/L Yeoman's: +
R/L Nachlas: +

SPASM: Cervical Thoracic Lumbar
TREATMENT: TPT MMS CMT
AREA: Cervical Thoracic Lumbar
EXACERBATIONS:

Other:
Other:
LSI RSI Other:

DIFFICULTY: Lifting Bending Twisting Sleeping Sitting Standing Hygiene
Dressing Reading Concentrating Leisure Activity Other:

WORKING: Yes No

RETURN TO WORK DATE:

RECOMMENDATION(s): Rest Ice Heat Tens Stretch Exercise
MRI: X-Ray: M/D Neuro Ortho Other:

ADDITIONAL COMMENTS:

DX:

PROGNOSIS: Good Poor Guarded

NEXT RE-EVALUATION: 6-8 wks

Dr.'s Signature: [Signature]

Date: 1/13/14

Patient's Signature: [Signature]

Date: 1/13/14

201402100002756

MM 02102014

201402108012590002

EXHIBIT “10”

Charles Deng, L.Ac.
New York State Licensed in Acupuncture
1786 Flatbush Avenue, Brooklyn, NY 11210

INITIAL EVALUATION

NAME: G.L.
DATE OF EXAM: 5/25/19
DOB: [REDACTED] AGE: 60 SEX: Female/Male
DOA: 5-12-14 HOME PHONE#: 646-4891732 BUSINESS PHONE#: [REDACTED]
ADDRESS: [REDACTED]
Number and Street City State Zip Code

HISTORY OF INJURY (Circle or Fill-out):

0. Date of Accident: 5-12-14 Time of Accident: 8:50 PM
1. I was (circle one): Driver (Belted/Unbelted) ☒ Passenger-Front Seat (Belted/Unbelted)
2. Passenger-Rear Seat (Belted/Unbelted) Pedestrian Bicyclist
3. Impact on Car: Rear Front Left Side Right Side
4. Did Police arrive on location? (Yes) / No
5. Did Patient lose consciousness? Yes / (No)
6. Patient taken to ER: Yes / (No)
7. Name of Hospital: [REDACTED]
8. Hospital examination: X-Ray MRI Medication Others: [REDACTED]

CHIEF COMPLAINTS AND PRESENT MEDICAL HISTORY (Circle or Fill-out):

The patient is complaining of pain after injury sustained in MVA in the following:
Neck, Thoracic Spine, Lower Back, Shoulder (R / L), Elbow (R / L), Wrist (R / L), Knee (R / L), Ankle (R / L),
Hand (R / L), Foot (R / L), Hip (R / L), Leg (R / L), Chest, Face, Pelvis, Other: [REDACTED]

The Pain is: Persistent/Intermittent and Aggravated with Sitting/Standing/Walking/Lying Down

The Pain is: Sharp/ Dull/ Stabbing/ Shooting/ Distending/ Fixed/ Heavy/ Aching

The Pain radiates to: [REDACTED]

The Patient is complaining of: none

Headache: Persistent/Intermittent on the Frontal/Occipital/Temporal/Vertex Area/Whole Head
Dizziness/ Nausea/ Insomnia/ Stress/ Anxiety/ Depression/ Tinnitus/ Vision Change/ Blurred

Vision/Hearing Difficulty/ Memory Deficit/ Other: no

The Patient has had other medical problem: Hypertension

The Patient is taking medication: Nor-koton

PAST MEDICAL HISTORY (Circle or Fill-out): none

Bleeding Disease Anemia Cancer Hepatitis Tuberculosis Gallstone Kidney Stone
Diarrhea Peptic Ulcer Urinary Tract Infection Pneumonia

Last Car Accident in: no Surgery: no Allergies to Medicine: no

Family History: Unremarkable, or related to: [REDACTED]

Social History: Smoking: Yes (No) Alcohol: Yes (No) Recreational Drugs: Yes / Denial

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MM 06032014

PHYSICAL EXAMINATION

General Appearance

The patient was alert, cooperative and oriental. Pulse: 75/min Height: 5'9" Weight: 190 lbs

Tongue Characteristics:

The color of tongue body: Light Red / Pale / Reddened / Crimson Purple / Other: _____

The shape of tongue body: Swollen / Emaciated / Prickled / Fissured / Teeth-printed / Normal

The tongue coating: Thin White / Thick White / Light Yellow / Yellow Greasy / White Greasy / Exfoliate

Pulse:

Normal / Floating / Deep / Rapid / Slow / Thready / Slippery / Uneven / Freeble / Wiry / Knotted / Intorinlittent Running

Other: _____

Head:

Tenderness on the occipital/forehead/supra-orbital/temple/vertex area at palpitation on the right/left was present / not present

Wound/Scars/Bruises in the area(s) of _____ was present / not present

Cervical Spine:

Para vertebral muscles spasm/ tenderness was present / not present

Forward bending was restricted / free Backward bending was restricted / free

Side bending on the right / left side was restricted / free

Rotation on the right / left side was restricted / free

Foramina Compression Test: (Spurling's Test) showed (no) increase pain down the right / left arms

Soto-Hall Test showed (no) nerve irritation in the neck / mid-back / low-back

Lumbar Spine:

Para vertebral muscles spasm / tenderness was present / not present on the levels between L to L

Forward bending was restricted / free Backward bending was restricted / free

Side bending on the right / left side was restricted / free

Rotation on the right / left was restricted / free

Straight Leg Raising Test (SLR) showed (no) nerve irritation in the lower back with radiation into the right/left leg

Thoracic Spine:

Para vertebral muscles spasm / tenderness was present / not present on the levels between T to T

Rotation on the right / left side was restricted / free

Shoulder:

Tenderness/spasm was on the right / left side was present / not present

Abduction/Adduction/Flexion/Extension on the right / left side was restricted / free

Knee:

Tenderness/spasm was pm the right / left side was present / not present

Flexion/Extension on the right / left side was restricted / free

Other: L. hip pain

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Evaluation of the Cervical Spine:

| Cervical ROM | Normal | Patient's |
|-----------------------|--------|-----------|
| Flexion | 60° | |
| Extension | 50° | |
| Right Lateral Flexion | 40° | |
| Left Lateral Flexion | 40° | |
| Right Rotation | 80° | |
| Left Rotation | 80° | |

Evaluation of the Lumbar Spine:

| Lumbar ROM | Normal | Patient's |
|-----------------------|--------|-----------|
| Flexion | 90° | |
| Extension | 30° | |
| Right Lateral Flexion | 30° | |
| Left Lateral Flexion | 30° | |
| Right Rotation | 30° | |
| Left Rotation | 30° | |

Evaluation of the Shoulder:

| Shoulder ROM | Normal | Patient's |
|-----------------------|--------|-----------|
| Right Lateral Flexion | 150° | |
| Left Lateral Flexion | 150° | |
| Abduction | 150° | |
| Adduction | 30° | |

Evaluation of the Elbow:

| Elbow ROM | Normal | Patient's |
|-----------|--------|-----------|
| Flexion | 145° | |
| Extension | 145° | |

Evaluation of the Wrist:

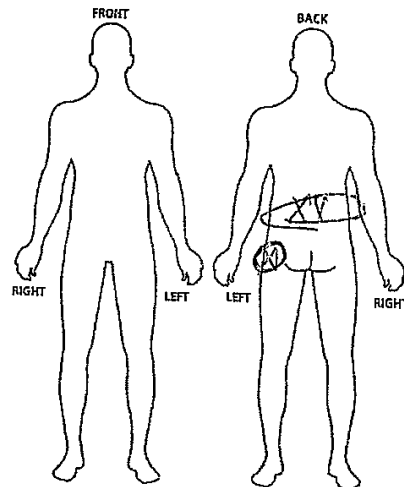
| Wrist ROM | Normal | Patient's |
|-----------|--------|-----------|
| Flexion | 60° | |
| Extension | 70° | |

Evaluation of the Knee:

| Knee ROM | Normal | Patient's |
|-----------|--------|-----------|
| Flexion | 135° | |
| Extension | 0-15° | |

Evaluation of the Ankle:

| Ankle ROM | Normal | Patient's |
|-----------|--------|-----------|
| Flexion | 30° | |
| Extension | 20° | |



↑ Circle Where You Feel The Pain ↑

Evaluation of the Hip:

| Hip ROM | Normal | Patient's |
|-----------|--------|-----------|
| Flexion | 100° | |
| Extension | 100° | |
| Abduction | 40° | |

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Palpation of Channels and Points; Tenderness and Sensitivity on:

SI: _____
 UB: 2.0 2.2
 DU: _____
 ST: _____
 LI: _____
 Others: 2.21 (L)

ACUPUNCTURE DIAGNOSIS: Stagnation of Qi and Blood in the following Channels:

☐ LU, The Lung Channel of Hand-Taiyin
☐ SP, The Spleen Channel of Foot-Taiyin
☐ HT, The Heart Channel of Hand-Shaoyin
☐ K, The Kidney Channel of Foot-Shaoyin
☐ PC, The Pericardium Channel of Hand-Jueyin
☐ LV, The Liver Channel of Foot-Jueyin
☐ DU Channel
☐ LI, The Large Intestine Channel of Hand-Yangming
☐ ST, The Stomach Channel of Foot-Yangming
☐ SI, The Small Intestine Channel of Hand-Taiyang
☒ UB, The Urinary Bladder Channel of Foot-Taiyang
☐ SJ, The Sanjiao Channel of Hand-Shaoyang
☐ GB, The Gallbladder Channel of Foot-Shaoyang
☐ REN Channel

DIAGNOSIS (ICD-9-CM)

| | | |
|---|--|---|
| <input type="checkbox"/> 723.1 Cervicalgia | <input type="checkbox"/> 723.4 Cervical Radiculitis | <input type="checkbox"/> 722.0 Cervical Disc Displacement |
| <input type="checkbox"/> 847.0 Cervical: Sprain/Strain | <input type="checkbox"/> 780.4 Headaches | <input type="checkbox"/> 920 Contusion of Head |
| <input type="checkbox"/> 724.2 Lumbar Myofascitis/Lumbalgia | <input type="checkbox"/> 722.10 Lumbar Radiculopathy | <input checked="" type="checkbox"/> 847.2 Lumbar: Sprain/Strain |
| <input type="checkbox"/> 724.3 Sciatica | <input type="checkbox"/> 846.1 Sacroiliac: Sprain/Strain | <input type="checkbox"/> 847.1 Thoracic: Sprain/Strain |
| <input type="checkbox"/> 724.1 Thoracalgia | <input type="checkbox"/> 722.11 Thoracic Displacement | <input type="checkbox"/> 719.41 Shoulder Pain |
| <input type="checkbox"/> 718.90 Shoulder Derangement | <input type="checkbox"/> 840.9 Shoulder: Sprain/Strain | <input type="checkbox"/> 719.42 Elbow Pain |
| <input type="checkbox"/> 841.2 Elbow Sprain/Strain | <input type="checkbox"/> 718.32 Elbow Derangement | <input type="checkbox"/> 719.43 Wrist Pain |
| <input type="checkbox"/> 842.00 Wrist: Sprain/Strain | <input type="checkbox"/> 718.93 Wrist Derangement | <input type="checkbox"/> 842.00 Hand: Sprain/Strain |
| <input type="checkbox"/> 729.5 Hand Pain | <input type="checkbox"/> 717.9 Knee Derangement | <input type="checkbox"/> 719.46 Knee Pain/ Arthralgia |
| <input type="checkbox"/> 844.9 Knee: Sprain/Strain | <input type="checkbox"/> 719.47 Ankle Pain | <input type="checkbox"/> 845.00 Ankle: Sprain/Strain |
| <input type="checkbox"/> 718.97 Ankle Derangement | <input type="checkbox"/> 729.5 Leg Pain | <input type="checkbox"/> 844.9 Leg: Sprain/Strain |
| <input type="checkbox"/> 922.1 Contusion Ribs and Sternum | <input type="checkbox"/> 786.52 Chest Wall Pain | <input type="checkbox"/> 843.9 Hip and Thigh: Sprain/Strain |
| <input type="checkbox"/> 719.45 Hip Pain | <input type="checkbox"/> 845.10 Foot: Sprain/Strain | <input type="checkbox"/> 729.5 Foot Pain |
| <input type="checkbox"/> 308.9 Acute stress Reaction | <input type="checkbox"/> | <input type="checkbox"/> |

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MM 06032014

Charles Deng, L.Ac.
New York State Licensed in Acupuncture
1786 Flatbush Avenue, Brooklyn, NY 11210

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TREATMENT OF ACUPUNCTURE

Principals, Purpose and necessity: According to traditional Chinese medicine, the injuries caused by the motor vehicle accident belongs to the pattern of Qi and blood stagnation, which can cause pain, swelling and numbness and other symptoms in some channels and acupoints. Acupuncture can activate Qi and Blood, remove obstruction from the channels and collaterals, resolve blood stasis and stop pain by needling points mainly from the above channels and acupuncture-point. The treating necessity is in the following:

1. Provide symptomatic pain relief in acute and sub-acute stages of injury condition.
2. Assist to reduce inflammatory response to affected tissues.
3. Reflexively subside, painful muscle contraction and reactive spasm of injured joint's intrinsic musculature, thereby reversing the pain-spasm-pain-cycle.
4. Decrease irritation of nerve radiation.
5. Relieve headaches, the stress and anxiety.
6. Almost no side effects.

NEEDLE:

Type: Disposable and sterile, individually packed with guided PVC tube.

Size: 36# x 1.0 (0.20mm x 25mm) or 34# x 1.5 (0.22mm x 40mm)

Time in Place: 15 minutes for initial insertion or reinsertion

TREATMENT PLAN:

1. Patient will be seen 1 or 2 or 3 times a week for acupuncture treatment for 4 weeks.

Acupuncture treatment along with:

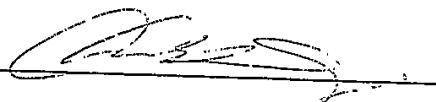
2. Plain / Electro stimulation acupuncture:
 - a. Heat (TDP-CQ27)
 - b. Moxabustion
 - c. Ear Acupuncture

COMMENTS:

I feel that there is a direct casual relationship between the accident described and patient's current injuries if the history was reported correctly. The symptoms and clinical findings are consistent with musculoskeletal injuries to the described areas. At this point the patient remains impaired with regards to some functional capabilities. As such, I would like to provide acupuncture and recommend continue other therapy for the patient to alleviate the patient and prevent any further progression of disability.

PROGNOSIS:

L.Ac.



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201406038073390002

MM 06032014

Charles Deng Acupuncture, P.C.

Charles Deng, L.Ac, New York State Licensed in Acupuncture
1786 Flatbush Avenue, Brooklyn, NY 11210

Page 1 of 5

INITIAL EVALUATION

DATE OF EXAM:

7/8/15

NAME: F.E.

DOB: [REDACTED] 75

AGE: 39 yrs

SEX: Female/Male

DOA: 6/22/15

HOME PHONE#: 347-355-1104 BUSINESS PHONE#:

ADDRESS: [REDACTED]
Number and Street

City

State

Zip Code

HISTORY OF INJURY (Circle or Fill-out):

0. Date of Accident: 6/22/15 Time of Accident: 2:15 Pm
1. I was (circle one): Driver (Belted/Unbelted) Passenger-Front Seat (Belted/Unbelted)
2. Passenger-Rear Seat (Belted/Unbelted) Pedestrian Bicyclist
3. Impact on Car: Rear Front Left Side Right Side
4. Did Police arrive on location? Yes / No
5. Did Patient lose consciousness? Yes / No
6. Patient taken to ER: Yes / No
7. Name of Hospital: _____
8. Hospital examination: X-Ray MRI Medication Others: _____

CHIEF COMPLAINTS AND PRESENT MEDICAL HISTORY (Circle or Fill-out):

The patient is complaining of pain after injury sustained in MVA in the following:

Neck, Thoracic Spine, Lower Back, Shoulder (R / L), Elbow (R / L), Wrist (R / L), Knee (R / L), Ankle (R / L),
Hand (R / L), Foot (R / L), Hip (R / L), Leg (R / L), Chest, Face, Pelvis, Other: _____

The Pain is: Persistent/Intermittent and Aggravated with Sitting/Standing/Walking/Lying Down

The Pain is: Sharp / Dull / Stabbing / Shooting / Distending / Fixed / Heavy / Aching

The Pain radiates to: _____

The Patient is complaining of:

Headache: Persistent/Intermittent on the Frontal/Occipital/Temporal/Vertex Area/Whole Head
Dizziness/ Nausea/ Insomnia/ Stress/ Anxiety/ Depression/ Tinnitus/ Vision Change/ Blurred

Vision/Hearing Difficulty/ Memory Deficit/ Other: no

The Patient has had other medical problem: no

The Patient is taking medication: pain killer

PAST MEDICAL HISTORY (Circle or Fill-out): none

Bleeding Disease Anemia Cancer Hepatitis Tuberculosis Gallstone Kidney Stone
Diarrhea Peptic Ulcer Urinary Tract Infection Pneumonia

Last Car Accident in: no Surgery: no Allergies to Medicine: no

Family History: Unremarkable, or related to: _____

Social History: Smoking: Yes / No Alcohol: Yes / No Recreational Drugs: Yes / Denial

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PHYSICAL EXAMINATION

General Appearance

The patient was alert, cooperative and oriental. Pulse: 70/min Height: 5'9 Weight: 150

Tongue Characteristics:

The color of tongue body: Light Red/Pale/Reddened/Crimson Purple/Other: _____

The shape of tongue body: Swollen/Emaciated/Prickled/Fissured/Teeth-printed/Normal

The tongue coating: Thin White/Thick White/Light Yellow/Yellow Greasy/White Greasy/Exfoliate

Pulse:

Normal/Floating/Deep/Rapid/Slow/Thready/Slippery/Uneven/Freeble/Wiry/Knotted/Intorinlttent Running

Other: _____

Head:

Tenderness on the occipital/forehead/supra-orbital/temple/vertex area at palpitation on the right/left was present/not present.

Wound/Scars/Bruises in the area(s) of _____ was present/not present

Cervical Spine:

Para vertebral muscles spasm/ tenderness was present/not present

Forward bending was restricted/free. Backward bending was restricted/free

Side bending on the right / left side was restricted / free

Rotation on the right / left side was restricted / free

Foramina Compression Test: (Spurling's Test) showed (no) increase pain down the right / left arms

Soto-Hall Test showed (no) nerve irritation in the neck/ mid-back/ low-back

Lumbar Spine:

Para vertebral muscles spasm / tenderness was present / not present on the levels between L to L

Forward bending was restricted/free. Backward bending was restricted / free

Side bending on the right / left side was restricted / free

Rotation on the right / left was restricted / free

Straight Leg Raising Test (SLR) showed (no) nerve irritation in the lower back with radiation into the right/left leg

Thoracic Spine:

Para-vertebral muscles spasm / tenderness was present/not present on the levels between T to T

Rotation on the right / left side was restricted / free

Shoulder:

Tenderness/spasm was on the right / left side was present/not present

Abduction/Adduction/Flexion/Extension on the right / left side was restricted / free

Knee:

Tenderness/spasm was pm the right / left side was present/not present

Flexion/Extension on the right / left side was restricted/free

Other: _____

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Evaluation of the Cervical Spine:

| Cervical ROM | Normal | Patient's |
|-----------------------|--------|-----------|
| Flexion | 60° | |
| Extension | 50° | |
| Right Lateral Flexion | 40° | |
| Left Lateral Flexion | 40° | |
| Right Rotation | 80° | |
| Left Rotation | 80° | |

Evaluation of the Lumbar Spine:

| Lumbar ROM | Normal | Patient's |
|-----------------------|--------|-----------|
| Flexion | 90° | 70 |
| Extension | 30° | 20 |
| Right Lateral Flexion | 30° | 30 |
| Left Lateral Flexion | 30° | 30 |
| Right Rotation | 30° | 30 |
| Left Rotation | 30° | 30 |

Evaluation of the Shoulder:

| Shoulder ROM | Normal | Patient's |
|-----------------------|--------|-----------|
| Right Lateral Flexion | 150° | |
| Left Lateral Flexion | 150° | |
| Abduction | 150° | |
| Adduction | 30° | |

Evaluation of the Elbow

| Elbow ROM | Normal | Patient's |
|-----------|--------|-----------|
| Flexion | 145° | |
| Extension | 145° | |

Evaluation of the Wrist:

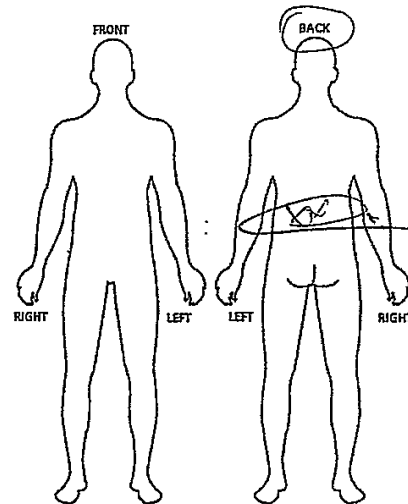
| Wrist ROM | Normal | Patient's |
|-----------|--------|-----------|
| Flexion | 60° | |
| Extension | 70° | |

Evaluation of the Knee:

| Knee ROM | Normal | Patient's |
|-----------|--------|-----------|
| Flexion | 135° | |
| Extension | 0-15° | |

Evaluation of the Ankle:

| Ankle ROM | Normal | Patient's |
|-----------|--------|-----------|
| Flexion | 30° | |
| Extension | 20° | |



↑ Circle Where You Feel The Pain ↑

Evaluation of the Hip:

| Hip ROM | Normal | Patient's |
|-----------|--------|-----------|
| Flexion | 100° | |
| Extension | 100° | |
| Abduction | 40° | |

Palpation of Channels and Points; Tenderness and Sensitivity on:

SI: _____
 UB: 18, 19, 23
 DU: _____
 ST: _____
 LI: _____
 Others: _____

ACUPUNCTURE DIAGNOSIS: Stagnation of Qi and Blood in the following Channels:

___ LU, The Lung Channel of Hand-Taiyin ___ LI, The Large Intestine Channel of Hand-Yangming
 ___ SP, The Spleen Channel of Foot-Taiyin ___ ST, The Stomach Channel of Foot-Yanming
 ___ HT, The Heart Channel of Hand- Shaoyin ___ SI, The Small Intestine Channel of Hand-Taiyong
 ___ K, The Kidney Channel of Foot- Shaoyin ☒ UB, The Urinary Bladder Channel of Foot- Taiyang
 ___ PC, The Pericardium Channel of Hand- Jueyin ___ SJ, The Sanjiao Channel of Hand-Shaoyang
 ___ LV, The Liver Channel of Foot-Jueyin ___ GB, The Gallbladder Channel of Foot- Shaoyang
 ___ DU Channel ___ REN Channel

DIAGNOSIS (ICD-9-CM)

| | | |
|---|--|---|
| <input type="checkbox"/> 723.1 Cervicalgia | <input type="checkbox"/> 723.4 Cervical Radiculitis | <input type="checkbox"/> 722.0 Cervical Disc Displacement |
| <input type="checkbox"/> 847.0 Cervical: Sprain/Strain | <input checked="" type="checkbox"/> 780.4 Headaches | <input type="checkbox"/> 920 Contusion of Head |
| <input type="checkbox"/> 724.2 Lumbar Myofascitis/Lumbalgia | <input type="checkbox"/> 722.10 Lumbar Radiculopathy | <input checked="" type="checkbox"/> 847.2 Lumbar: Sprain/Strain |
| <input type="checkbox"/> 724.3 Sciatica | <input type="checkbox"/> 846.1 Sacroiliac: Sprain/Strain | <input type="checkbox"/> 847.1 Thoracic: Sprain/Strain |
| <input type="checkbox"/> 724.1 Thoracalgia | <input type="checkbox"/> 722.11 Thoracic Displacement | <input type="checkbox"/> 719.41 Shoulder Pain |
| <input type="checkbox"/> 718.90 Shoulder Derangement | <input type="checkbox"/> 840.9 Shoulder: Sprain/Strain | <input type="checkbox"/> 719.42 Elbow Pain |
| <input type="checkbox"/> 841.2 Elbow Sprain/Strain | <input type="checkbox"/> 718.32 Elbow Derangement | <input type="checkbox"/> 719.43 Wrist Pain |
| <input type="checkbox"/> 842.00 Wrist: Sprain/Strain | <input type="checkbox"/> 718.93 Wrist Derangement | <input type="checkbox"/> 842.00 Hand: Sprain/Strain |
| <input type="checkbox"/> 729.5 Hand Pain | <input type="checkbox"/> 717.9 Knee Derangement | <input type="checkbox"/> 719.46 Knee Pain/ Arthralgia |
| <input type="checkbox"/> 844.9 Knee: Sprain/Strain | <input type="checkbox"/> 719.47 Ankle Pain | <input type="checkbox"/> 845.00 Ankle: Sprain/Strain |
| <input type="checkbox"/> 718.97 Ankle Derangement | <input type="checkbox"/> 729.5 Leg Pain | <input type="checkbox"/> 844.9 Leg: Sprain/Strain |
| <input type="checkbox"/> 922.1 Contusion Ribs and Sternum | <input type="checkbox"/> 786.52 Chest Wall Pain | <input type="checkbox"/> 843.9 Hip and Thigh: Sprain/Strain |
| <input type="checkbox"/> 719.45 Hip Pain | <input type="checkbox"/> 845.10 Foot: Sprain/Strain | <input type="checkbox"/> 729.5 Foot Pain |
| <input type="checkbox"/> 308.9 Acute stress Reaction | <input type="checkbox"/> | <input type="checkbox"/> |

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TREATMENT OF ACUPUNCTURE

Principals, Purpose and necessity: According to traditional Chinese medicine, the injuries caused by the motor vehicle accident belongs to the pattern of Qi and blood stagnation, which can cause pain, swelling and numbness and other symptoms in some channels and acupoints. Acupuncture can activate Qi and Blood, remove obstruction from the channels and collaterals, resolve blood stasis and stop pain by needling points mainly from the above channels and acupuncture-point. The treating necessity is in the following:

- ① Provide symptomatic pain relief in acute and sub-acute stages of injury condition.
- ② Assist to reduce inflammatory response to affected tissues.
- ③ Reflexively subside, painful muscle contraction and reactive spasm of injured joint's intrinsic musculature, thereby reversing the pain-spasm-pain-cycle.
4. Decrease irritation of nerve radiation.
5. Relieve headaches, the stress and anxiety.
6. Almost no side effects.

NEEDLE:

Type: Disposable and sterile, individually packed with guided PVC tube.

Size: 36# x 1.0 (0.20mm x 25mm) or 34# x 1.5 (0.22mm x 40mm)

Time in Place: 15 minutes for initial insertion or reinsertion

TREATMENT PLAN:

- ① Patient will be seen 1 of 2 or 3 times a week for acupuncture treatment for 4 weeks.

Acupuncture treatment along with:

- ② Plain / Electro stimulation acupuncture:
 - a. Heat (TDP-CQ27)
 - b. Moxabustion
 - c. Ear Acupuncture

COMMENTS:

I feel that there is a direct casual relationship between the accident described and patient's current injuries if the history was reported correctly. The symptoms and clinical findings are consistent with musculoskeletal injuries to the described areas. At this point the patient remains impaired with regards to some functional capabilities. As such, I would like to provide acupuncture and recommend continue other therapy for the patient to alleviate the patient and prevent any further progression of disability.

PROGNOSIS: _____

L.Ac. 

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 Charles Deng, L.Ac, New York State Licensed in Acupuncture #: 795
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Page 1 of 5

INITIAL EVALUATION

DATE OF EXAM: 1/11/16

NAME: F.P.

DOB: 1986

AGE: 29 yrs.

SEX: Female (Male)

S.S. #: 2451

CELL PHONE#: 917 488-2007 BUSINESS PHONE:

ADDRESS:

Number and Street

City

State

Zip Code

HISTORY OF INJURY (Circle or Fill-out):

0. Date of Accident: 1/9/16 Time of Accident: 7 PM.
1. I was (circle one): Driver (Belted/Unbelted) Passenger-Front Seat (Belted/Unbelted)
2. Passenger-Rear Seat (Belted/Unbelted) Pedestrian Bicyclist
3. Impact on Car: Rear Front Left Side Right Side * the car hit on the pt. on left side.
4. Did Police arrive on location? Yes / No
5. Did Patient lose consciousness? Yes / No
6. Patient taken to ER: Yes / No
7. Name of Hospital: _____
8. Hospital examination: X-Ray MRI Medication Others: _____

CHIEF COMPLAINTS AND PRESENT MEDICAL HISTORY (Circle or Fill-out):

The patient is complaining of pain after injury sustained in MVA in the following:

Neck, Thoracic Spine, Lower Back, Shoulder (R/L), Elbow (R/L), Wrist (R/L), Knee (R/L), Ankle (R/L),
 Hand (R/L), Foot (R/L), Hip (R/L), Leg (R/L), Chest, Face, Pelvis, Other: _____

The Pain is: Persistent/Intermittent and Aggravated with Sitting/Standing/Walking/Lying DownThe Pain is: Sharp/Dull/Stabbing/Shooting/Distending/Fixed/Heavy/Aching

The Pain radiates to: _____

The Patient is complaining of:

Headache: Persistent/Intermittent on the Frontal/Occipital/Temporal/Vertex Area/Whole HeadDizziness/ Nausea/ Insomnia/ Stress/ Anxiety/ Depression/ Tinnitus/ Vision Change/ BlurredVision/Hearing Difficulty/ Memory Deficit/ Other: noThe Patient has had other medical problem: noThe Patient is taking medication: pain killerPAST MEDICAL HISTORY (Circle or Fill-out): none

Bleeding Disease Anemia Cancer Hepatitis Tuberculosis Gallstone Kidney Stone

Diarrhea Peptic Ulcer Urinary Tract Infection Pneumonia other: _____

Last Car Accident in: no Surgery: no Allergies to Medicine: noFamily History: ✓ Unremarkable, or related to: _____Social History: Smoking: Yes / No Alcohol: Yes / No Recreational Drugs: Yes / No

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MM 01252016

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Received Date 01252016

PHYSICAL EXAMINATION

General Appearance

The patient was alert, cooperative and oriental. Pulse: 70/min Breath: normal Height: 5'6" Weight: 188.

Tongue Characteristics:

The color of tongue body: Light Red / Pale / Reddened / Crimson Purple / Other: _____

The shape of tongue body: Swollen / Emaciated / Prickled / Fissured / Teeth-printed / Normal

The tongue coating: Thin White / Thick White / Light Yellow / Yellow Greasy / White Greasy / Exfoliate

Pulse:

Normal / Floating / Deep / Rapid / Slow / Thready / Slippery / Uneven / Feeble / Wiry / Knotted

Other: _____

Vital energy conditions:

Head:

Tenderness on the occipital / forehead / supra-orbital / temple / vertex area at palpitation on the right / left was present / not present.

Wound / Scars / Bruises in the area(s) of _____ was present / not present

Cervical Spine:

Para vertebral muscles spasm / tenderness was present / not present

Forward bending was restricted / free. Backward bending was restricted / free

Side bending on the right / left side was restricted / free

Rotation on the right / left side was restricted / free

Lumbar Spine:

Para vertebral muscles spasm / tenderness was present / not present on the levels between L to L

Forward bending was restricted / free. Backward bending was restricted / free

Side bending on the right / left side was restricted / free

Rotation on the right / left was restricted / free

Thoracic Spine:

Para vertebral muscles spasm / tenderness was present / not present on the levels between T to T

Rotation on the right / left side was restricted / free

Shoulder:

Tenderness/spasm was on the right / left side was present / not present

Abduction/Adduction/Flexion/Extension on the right / left side was restricted / free

Knee:

Tenderness/spasm was pm the right / left side was present / not present

Flexion/Extension on the right / left side was restricted / free

Other: _____

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Received Date 01252016

Evaluation of the Cervical Spine:

| Cervical ROM | Normal | Patient's |
|-----------------------|--------|-----------|
| Flexion | 60° | 50 |
| Extension | 50° | 40 |
| Right Lateral Flexion | 40° | 30 |
| Left Lateral Flexion | 40° | 30 |
| Right Rotation | 80° | 70 |
| Left Rotation | 80° | 70 |

Evaluation of the Lumbar Spine:

| Lumbar ROM | Normal | Patient's |
|-----------------------|--------|-----------|
| Flexion | 90° | 70 |
| Extension | 30° | 20 |
| Right Lateral Flexion | 30° | 20 |
| Left Lateral Flexion | 30° | 30 |
| Right Rotation | 30° | 30 |
| Left Rotation | 30° | 30 |

Evaluation of the Shoulder:

| Shoulder ROM | Normal | Patient's |
|-----------------------|--------|-----------|
| Right Lateral Flexion | 150° | 130 |
| Left Lateral Flexion | 150° | 150 |
| Abduction | 150° | 150 |
| Adduction | 30° | 30 |

Evaluation of the Elbow

| Elbow ROM | Normal | Patient's |
|-----------|--------|-----------|
| Flexion | 145° | |
| Extension | 145° | |

Evaluation of the Wrist:

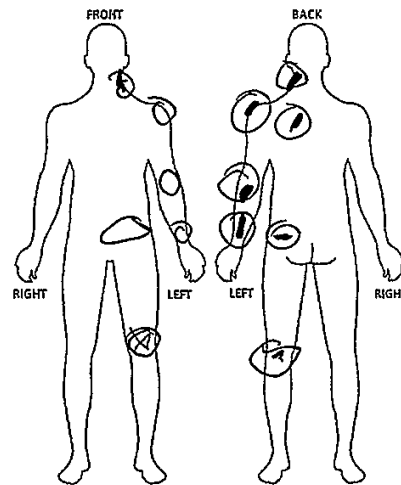
| Wrist ROM | Normal | Patient's |
|-----------|--------|-----------|
| Flexion | 60° | |
| Extension | 70° | |

Evaluation of the Knee:

| Knee ROM | Normal | Patient's |
|-----------|--------|-----------|
| Flexion | 135° | |
| Extension | 0-15° | |

Evaluation of the Ankle:

| Ankle ROM | Normal | Patient's |
|-----------|--------|-----------|
| Flexion | 30° | |
| Extension | 20° | |



↑ Circle Where You Feel The Pain ↑

Evaluation of the Hip:

| Hip ROM | Normal | Patient's |
|-----------|--------|-----------|
| Flexion | 100° | |
| Extension | 100° | |
| Abduction | 40° | |

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Palpation of Channels and Points; Tenderness and Sensitivity on:

SI: _____
UB: 61, 13, 20, 21
DU: _____
ST: _____
LI: 15 (L)
Others: _____

ACUPUNCTURE DIAGNOSIS: Stagnation of Qi and Blood in the following Channels:

☐ LU, The Lung Channel of Hand-Taiyin ☒ LI, The Large Intestine Channel of Hand-Yangming
☐ SP, The Spleen Channel of Foot-Taiyin ☐ ST, The Stomach Channel of Foot-Yangming
☐ HT, The Heart Channel of Hand-Shaoyin ☐ SI, The Small Intestine Channel of Hand-Taiyang
☐ K, The Kidney Channel of Foot-Shaoyin ☒ UB, The Urinary Bladder Channel of Foot-Taiyang
☐ PC, The Pericardium Channel of Hand-Jueyin ☐ SJ, The Sanjiao Channel of Hand-Shaoyang
☐ LV, The Liver Channel of Foot-Jueyin ☐ GB, The Gallbladder Channel of Foot-Shaoyang
☐ DU Channel ☐ REN Channel

DIAGNOSIS (ICD-9-CM)

| | | |
|---|--|---|
| <input type="checkbox"/> 723.1 Cervicalgia | <input type="checkbox"/> 723.4 Cervical Radiculitis | <input type="checkbox"/> 722.0 Cervical Disc Displacement |
| <input checked="" type="checkbox"/> 847.0 Cervical: Sprain/Strain | <input checked="" type="checkbox"/> 780.4 Headaches | <input type="checkbox"/> 920 Contusion of Head |
| <input type="checkbox"/> 724.2 Lumbar Myofascitis/Lumbalgia | <input type="checkbox"/> 722.10 Lumbar Radiculopathy | <input checked="" type="checkbox"/> 847.2 Lumbar: Sprain/Strain |
| <input type="checkbox"/> 724.3 Sciatica | <input type="checkbox"/> 846.1 Sacroiliac: Sprain/Strain | <input type="checkbox"/> 847.1 Thoracic: Sprain/Strain |
| <input type="checkbox"/> 724.1 Thoracalgia | <input type="checkbox"/> 722.11 Thoracic Displacement | <input checked="" type="checkbox"/> 719.41 Shoulder Pain |
| <input type="checkbox"/> 718.90 Shoulder Derangement | <input type="checkbox"/> 840.9 Shoulder: Sprain/Strain | <input type="checkbox"/> 719.42 Elbow Pain |
| <input checked="" type="checkbox"/> 841.2 Elbow Sprain/Strain | <input type="checkbox"/> 718.32 Elbow Derangement | <input type="checkbox"/> 719.43 Wrist Pain |
| <input type="checkbox"/> 842.00 Wrist: Sprain/Strain | <input type="checkbox"/> 718.93 Wrist Derangement | <input type="checkbox"/> 842.00 Hand: Sprain/Strain |
| <input type="checkbox"/> 729.5 Hand Pain | <input type="checkbox"/> 717.9 Knee Derangement | <input type="checkbox"/> 719.46 Knee Pain/ Arthralgia |
| <input checked="" type="checkbox"/> 844.9 Knee: Sprain/Strain | <input type="checkbox"/> 719.47 Ankle Pain | <input type="checkbox"/> 845.00 Ankle: Sprain/Strain |
| <input type="checkbox"/> 718.97 Ankle Derangement | <input type="checkbox"/> 729.5 Leg Pain | <input type="checkbox"/> 844.9 Leg: Sprain/Strain |
| <input type="checkbox"/> 922.1 Contusion Ribs and Sternum | <input type="checkbox"/> 786.52 Chest Wall Pain | <input type="checkbox"/> 843.9 Hip and Thigh: Sprain/Strain |
| <input type="checkbox"/> 719.45 Hip Pain | <input type="checkbox"/> 845.10 Foot: Sprain/Strain | <input type="checkbox"/> 729.5 Foot Pain |
| <input type="checkbox"/> 308.9 Acute stress Reaction | <input type="checkbox"/> | <input type="checkbox"/> |

201601250005006

MM 01252016

201601258035400002

Received Date 01252016

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TREATMENT OF ACUPUNCTURE

Principals, Purpose and necessity: According to traditional Chinese medicine, the injuries caused by the motor vehicle accident belongs to the pattern of Qi and blood stagnation, which can cause pain, swelling and numbness and other symptoms in some channels and acupoints. Acupuncture can activate Qi and Blood, remove obstruction from the channels and collaterals, resolve blood stasis and stop pain by needling points mainly from the above channels and acupuncture-point. The treating necessity is in the following:

- ① Provide symptomatic pain relief in acute and sub-acute stages of injury condition.
- ② Assist to reduce inflammatory response to affected tissues.
- ③ Reflexively subside, painful muscle contraction and reactive spasm of injured joint's intrinsic musculature, thereby reversing the pain-spasm-pain-cycle.
4. Decrease irritation of nerve radiation.
- ⑤ Relieve headaches, the stress and anxiety.
6. Almost no side effects.

NEEDLE:

Type: Disposable and sterile, individually packed with guided PVC tube.

Size: 36# x 1.0 (0.20mm x 25mm) or 34# x 1.5 (0.22mm x 40mm)

Time in Place: 15 minutes for initial insertion or reinsertion

TREATMENT PLAN:

- ① Patient will be seen 1 or 2 or 3 times a week for acupuncture treatment for 4 weeks.
Acupuncture treatment along with:
- ② ~~Plain~~ Electro stimulation acupuncture:
 - a. Heat (TDP-CQ27)
 - b. Moxibustion
 - c. Ear Acupuncture
- ③ Cupping Acupuncture

COMMENTS:

I feel that there is a direct casual relationship between the accident described and patient's current injuries if the history was reported correctly. The symptoms and clinical findings are consistent with musculoskeletal injuries to the described areas. At this point the patient remains impaired with regards to some functional capabilities. As such, I would like to provide acupuncture and recommend continue other therapy for the patient to alleviate the patient and prevent any further progression of disability.

PROGNOSIS: _____

L.Ac. 

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Received Date 01252016

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INITIAL EVALUATION

DATE OF EXAM: 10/25/16

NAME: I.E.

DOB: 1993

AGE: 23 yrs

SEX: Female/Male Female

S.S. #: 3389

CELL PHONE#:

BUSINESS PHONE:

ADDRESS:

Number and Street

City

State

Zip Code

HISTORY OF INJURY (Circle or Fill-out):

0. Date of Accident: 10/17/16 Time of Accident: 9:45 PM
1. I was (circle one): Driver (Belted/Unbelted) Passenger-Front Seat (Belted/Unbelted)
2. Passenger-Rear Seat (Belted/Unbelted) Pedestrian Bicyclist
3. Impact on Car: Rear Front Left Side Right Side
4. Did Police arrive on location? Yes / No
5. Did Patient lose consciousness? Yes No
6. Patient taken to ER: Yes / No
7. Name of Hospital:
8. Hospital examination: X-Ray MRI Medication Others:

CHIEF COMPLAINTS AND PRESENT MEDICAL HISTORY (Circle or Fill-out):

The patient is complaining of pain after injury sustained in MVA in the following:

Neck, Thoracic Spine, Lower Back, Shoulder (R / L), Elbow (R / L), Wrist (R / L), Knee (R / L), Ankle (R / L), Hand (R / L), Foot (R / L), Hip (R / L), Leg (R / L), Chest, Face, Pelvis, Other:

The Pain is: Persistent/Intermittent and Aggravated with Sitting/Standing/Walking/Lying Down

The Pain is: Sharp/Dull/Stabbing/Shooting/Distending/Fixed/Heavy/Aching

The Pain radiates to:

The Patient is complaining of: none

Headache: Persistent/Intermittent on the Frontal/Occipital/Temporal/Vertex Area/Whole Head

Dizziness/ Nausea/ Insomnia/ Stress/ Anxiety/ Depression/ Tinnitus/ Vision Change/ Blurred

Vision/Hearing Difficulty/ Memory Deficit/ Other: no

The Patient has had other medical problem: no

The Patient is taking medication: no

PAST MEDICAL HISTORY (Circle or Fill-out): none

Bleeding Disease Anemia Cancer Hepatitis Tuberculosis Gallstone Kidney Stone

Diarrhea Peptic Ulcer Urinary Tract Infection Pneumonia other:

Last Car Accident in: no Surgery: no Allergies to Medicine: no

Family History: ✓ Unremarkable, or related to:

Social History: Smoking: Yes No Alcohol: Yes No Recreational Drugs: Yes No

201611180003560

MM 11182016

201611188012080002

Received Date 11182016

PHYSICAL EXAMINATION

General Appearance

The patient was alert, cooperative and oriental. Pulse: 80 Breath: Normal Height: 5'9" Weight: 165 lbs.

Tongue Characteristics:

The color of tongue body: Light Red / Pale / Reddened / Crimson Purple / Other: _____

The shape of tongue body: Swollen / Emaciated / Prickled / Fissured / Teeth-printed / Normal

The tongue coating: Thin White / Thick White / Light Yellow / Yellow Greasy / White Greasy / Exfoliate

Pulse:

Normal / Floating / Deep / Rapid / Slow / Thready / Slippery / Uneven / Feeble / Wiry / Knotted

Other: _____

Head:

Tenderness on the occipital/forehead/supra-orbital/temple/vertex area at palpitation on the right/left was present / not present

Wound/Scars/Bruises in the area(s) of _____ was present / not present

Cervical Spine:

Para vertebral muscles spasm/ tenderness was present / not present

Forward bending was restricted / free Backward bending was restricted / free

Side bending on the right / left side was restricted / free

Rotation on the right / left side was restricted / free

Lumbar Spine:

Para vertebral muscles spasm / tenderness was present / not present on the levels between L to L

Forward bending was restricted / free Backward bending was restricted / free

Side bending on the right / left side was restricted / free

Rotation on the right / left was restricted / free

Thoracic Spine:

Para vertebral muscles spasm / tenderness was present / not present on the levels between T to T

Rotation on the right / left side was restricted / free

Shoulder:

Tenderness/spasm was on the right / left side was present / not present

Abduction/Adduction/Flexion/Extension on the right / left side was restricted / free

Knee:

Tenderness/spasm was pm the right / left side was present / not present

Flexion/Extension on the right / left side was restricted / free

Other: _____

201611180003560

MM 11182016

201611188012080002

Received Date 11182016

Evaluation of the Cervical Spine:

| Cervical ROM | Normal | Patient's |
|-----------------------|--------|-----------|
| Flexion | 60° | |
| Extension | 50° | |
| Right Lateral Flexion | 40° | |
| Left Lateral Flexion | 40° | |
| Right Rotation | 80° | |
| Left Rotation | 80° | |

Evaluation of the Lumbar Spine:

| Lumbar ROM | Normal | Patient's |
|-----------------------|--------|-----------|
| Flexion | 90° | |
| Extension | 30° | |
| Right Lateral Flexion | 30° | |
| Left Lateral Flexion | 30° | |
| Right Rotation | 30° | |
| Left Rotation | 30° | |

Evaluation of the Shoulder:

| Shoulder ROM | Normal | Patient's |
|-----------------------|--------|-----------|
| Right Lateral Flexion | 150° | R L |
| Left Lateral Flexion | 150° | |
| Abduction | 150° | |
| Adduction | 30° | |

Evaluation of the Elbow

| Elbow ROM | Normal | Patient's |
|-----------|--------|-----------|
| Flexion | 145° | R L |
| Extension | 145° | |

Evaluation of the Wrist:

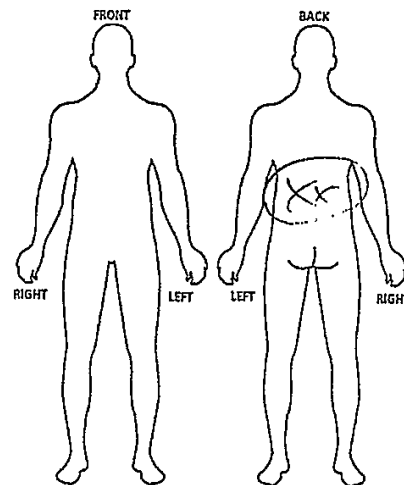
| Wrist ROM | Normal | Patient's |
|-----------|--------|-----------|
| Flexion | 60° | R L |
| Extension | 70° | |

Evaluation of the Knee:

| Knee ROM | Normal | Patient's |
|-----------|--------|-----------|
| Flexion | 135° | R L |
| Extension | 0-15° | |

Evaluation of the Ankle:

| Ankle ROM | Normal | Patient's |
|-----------|--------|-----------|
| Flexion | 30° | R L |
| Extension | 20° | |



↑ Circle Where You Feel The Pain ↑

Evaluation of the Hip:

| Hip ROM | Normal | Patient's |
|-----------|--------|-----------|
| Flexion | 100° | R L |
| Extension | 100° | |
| Abduction | 40° | |

Palpation of Channels and Points; Tenderness and Sensitivity on:

SI: _____
UB: 16.18, 20.21
DU: _____
ST: _____
LI: _____
Others: _____

ACUPUNCTURE DIAGNOSIS: Stagnation of Qi and Blood in the following Channels:

| | |
|--|---|
| <input type="checkbox"/> LU, The Lung Channel of Hand-Taiyin | <input type="checkbox"/> LI, The Large Intestine Channel of Hand-Yangming |
| <input type="checkbox"/> SP, The Spleen Channel of Foot-Taiyin | <input type="checkbox"/> ST, The Stomach Channel of Foot-Yangming |
| <input type="checkbox"/> HT, The Heart Channel of Hand-Shaoyin | <input type="checkbox"/> SI, The Small Intestine Channel of Hand-Taiyang |
| <input type="checkbox"/> K, The Kidney Channel of Foot-Shaoyin | <input checked="" type="checkbox"/> UB, The Urinary Bladder Channel of Foot-Taiyang |
| <input type="checkbox"/> PC, The Pericardium, Channel of Hand-Jueyin | <input type="checkbox"/> SJ, The Sanjiao Channel of Hand-Shaoyang |
| <input type="checkbox"/> LV, The Liver Channel of Foot-Jueyin | <input type="checkbox"/> GB, The Gallbladder Channel of Foot-Shaoyang |
| <input type="checkbox"/> DU Channel | <input type="checkbox"/> REN Channel |

DIAGNOSIS (ICD-9-CM)

| | |
|--|--|
| <input type="checkbox"/> M54.2 Cervicalgia | <input type="checkbox"/> M54.16 Radiculopathy, lumbar region |
| <input type="checkbox"/> S13.4XXA Sprain of ligaments of cervical spine, initial encounter | <input type="checkbox"/> S33.6XXA Sprain of sacroiliac joint, initial encounter |
| <input checked="" type="checkbox"/> M54.5 Low back pain | <input type="checkbox"/> M51.24 Other intervertebral disc displacement, thoracic region |
| <input type="checkbox"/> M54.31 Sciatica, right side | <input type="checkbox"/> M24.82 Other specific joint derangements of elbow, not elsewhere classified |
| <input type="checkbox"/> M54.32 Sciatica, left side | <input type="checkbox"/> S43.4 Sprain of shoulder joint |
| <input type="checkbox"/> M54.4 Lumbago with sciatica | <input type="checkbox"/> M24.83 Other specific joint derangements of wrist, not elsewhere classified |
| <input type="checkbox"/> M54.6 Pain in thoracic spine | <input type="checkbox"/> M23 Internal derangement of knee |
| <input type="checkbox"/> M24.811 Other specific joint derangements of right shoulder, not elsewhere classified | <input type="checkbox"/> M25.57 Pain in ankle and joints of foot |
| <input type="checkbox"/> M24.812 Other specific joint derangements of left shoulder, not elsewhere classified | <input type="checkbox"/> M79.604 Pain in right leg |
| <input type="checkbox"/> M24.819 Other specific joint derangements of unspecified shoulder, not elsewhere classified | <input type="checkbox"/> M79.605 Pain in left leg |
| <input type="checkbox"/> S53.412A Radiohumeral (joint) sprain of left elbow, initial encounter | <input type="checkbox"/> M79.641 Pain in right hand |
| <input type="checkbox"/> S53.411A Radiohumeral (joint) sprain of right elbow, initial encounter | <input type="checkbox"/> M79.642 Pain in left hand |
| <input type="checkbox"/> S53.44 Ulnar collateral ligament sprain | <input type="checkbox"/> R07.1 Chest pain on breathing |
| <input type="checkbox"/> S53.43 Radial collateral ligament sprain | <input type="checkbox"/> S93.6 Sprain of foot |
| <input type="checkbox"/> S63.51 Sprain of carpal (joint) | <input type="checkbox"/> M50.20 Other cervical disc displacement, unspecified cervical region |
| <input type="checkbox"/> S63.52 Sprain of radiocarpal joint | <input type="checkbox"/> M50.21 Other cervical disc displacement, high cervical region |
| <input type="checkbox"/> S63.59 Other specified sprain of wrist | <input type="checkbox"/> M50.22 Other cervical disc displacement, mid-cervical region |
| <input type="checkbox"/> M25.53 Pain in wrist | <input type="checkbox"/> M50.23 Other cervical disc displacement, cervicothoracic region |
| <input type="checkbox"/> S83.4 Sprain of collateral ligament of knee | <input type="checkbox"/> S33.5XXA Sprain of ligaments of lumbar spine, initial encounter |
| <input type="checkbox"/> S83.5 Sprain of cruciate ligament of knee | <input type="checkbox"/> S23.3XXA Sprain of ligaments of thoracic spine, initial encounter |
| <input type="checkbox"/> S83.6 Sprain of the superior tibiofibular joint and ligament | <input type="checkbox"/> M25.51 Pain in shoulder |
| <input type="checkbox"/> S83.8 Sprain of other specified parts of knee | <input type="checkbox"/> M25.52 Pain in elbow |
| <input type="checkbox"/> M24.87 Other specific joint derangements of ankle and foot, not elsewhere classified | <input type="checkbox"/> M25.53 Pain in wrist |
| <input type="checkbox"/> S20.21 Contusion of front wall of thorax | <input type="checkbox"/> M25.56 Pain in knee |
| <input type="checkbox"/> M25.55 Pain in hip | <input type="checkbox"/> S93.4 Sprain of ankle |
| <input type="checkbox"/> F43.0 Acute stress reaction | <input type="checkbox"/> S73.1 Sprain of hip |
| <input type="checkbox"/> M54.12 Radiculopathy, cervical region | <input type="checkbox"/> M79.67 Pain in foot and toes |
| <input type="checkbox"/> R51 Headache | |

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Received Date 11182016

TREATMENT OF ACUPUNCTURE

Principals, Purpose and necessity: According to traditional Chinese medicine, the injuries caused by the motor vehicle accident belongs to the pattern of Qi and blood stagnation, which can cause pain, swelling and numbness and other symptoms in some channels and acupoints. Acupuncture can activate Qi and Blood, remove obstruction from the channels and collaterals, resolve blood stasis and stop pain by needling points mainly from the above channels and acupuncture-point. The treating necessity is in the following:

- ①. Provide symptomatic pain relief in acute and sub-acute stages of injury condition.
- ②. Assist to reduce inflammatory response to affected tissues.
- ③. Reflexively subside, painful muscle contraction and reactive spasm of injured joint's intrinsic musculature, thereby reversing the pain-spasm-pain-cycle.
4. Decrease irritation of nerve radiation.
5. Relieve headaches, the stress and anxiety.
6. Almost no side effects.

NEEDLE:

Type: Disposable and sterile, individually packed with guided PVC tube.

Size: 36# x 1.0 (0.20mm x 25mm) or 34# x 1.5 (0.22mm x 40mm)

Time in Place: 15 minutes for initial insertion or reinsertion

TREATMENT PLAN:

- ① Patient will be seen 1 or 2 or 3 times a week for acupuncture treatment for 4 weeks.
Acupuncture treatment along with:
- ② Plain / Electro stimulation acupuncture:
 - a. Heat (TDP-CQ27)
 - b. Moxibustion
 - c. Ear Acupuncture
- ③ Cupping Acupuncture

COMMENTS:

I feel that there is a direct casual relationship between the accident described and patient's current injuries if the history was reported correctly. The symptoms and clinical findings are consistent with musculoskeletal injuries to the described areas. At this point the patient remains impaired with regards to some functional capabilities. As such, I would like to provide acupuncture and recommend continue other therapy for the patient to alleviate the patient and prevent any further progression of disability.

PROGNOSIS: _____

L.Ac. 

201611180003560

MM 11182016

201611188012080002

Received Date 11182016

EXHIBIT “11”

PATIENT NAME: _____

Last Name, _____

First Name _____

SEX: M AGE: 50 PAGE: 1

ACUPUNCTURE PROGRESS NOTES

DATE: 8/23/13

S: LBP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.
Other:

A: AROM Limited Decreased Increased No Change on LB / N Other:
Improved No Change Worse Pt. Tolerated Treatment:

P: 1. Initial Points: UB23+25 (R+L) Yes / No
for: LBP

2. Additional Points:

3. Cupping treatment: UB18, 20, 22; GV2 for: UB

J.B.

PATIENT'S SIGNATURE: _____

L.AC. SIGNATURE: _____

DATE: 8/27/13

S: LBP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.
Other:

A: AROM Limited Decreased Increased No Change on LB / N Other:
Improved No Change Worse Pt. Tolerated Treatment:

P: 1. Initial Points: UB23+25 (R+L) Yes / No
for: LBP

2. Additional Points:

3. Cupping treatment: UB18, 20, 22; GV2 for: UB

J.B.

PATIENT'S SIGNATURE: _____

L.AC. SIGNATURE: _____

DATE: 9/5/13

S: LBP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.
Other:

A: AROM Limited Decreased Increased No Change on LB / N Other:
Improved No Change Worse Pt. Tolerated Treatment:

P: 1. Initial Points: UB23+25 (R+L) Yes / No
for: LBP

2. Additional Points:

3. Cupping treatment: UB18, 20, 22; GV2 for: UB

J.B.

PATIENT'S SIGNATURE: _____

L.AC. SIGNATURE: _____

DATE: 9/16/13

S: LBP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.
Other:

A: AROM Limited Decreased Increased No Change on LB / N Other:
Improved No Change Worse Pt. Tolerated Treatment:

P: 1. Initial Points: UB23+25 (R+L) Yes / No
for: LBP

2. Additional Points:

3. Cupping treatment: UB18, 20, 22; GV2 for: UB

J.B.

PATIENT'S SIGNATURE: _____

L.AC. SIGNATURE: _____

DATE: 9/17/13

S: LBP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.
Other:

A: AROM Limited Decreased Increased No Change on LB / N Other:
Improved No Change Worse Pt. Tolerated Treatment:

P: 1. Initial Points: UB23+25 (R+L) Yes / No
for: LBP

2. Additional Points:

3. Cupping treatment: UB18, 20, 22; GV2 for: UB

J.B.

PATIENT'S SIGNATURE: _____

L.AC. SIGNATURE: _____

M.J.

PATIENT NAME: _____

Last Name,

First Name

SEX: M AGE: 57 PAGE: 3

ACUPUNCTURE PROGRESS NOTES

DATE: 9/2/14

S: LB NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:
A: Improved Decreased Increased No Change on LB / N Other: Yes / No
P: 1. Initial Points: 8212 + Ash pt. 12B 11
2. Additional Points:
3. Cupping treatment:

M.J.

PATIENT'S SIGNATURE: X

L.AC. SIGNATURE: [Signature]

DATE: 9/3/14

S: LB NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:
A: Improved Decreased Increased No Change on LB / N Other: Yes / No
P: 1. Initial Points: 8212 + Ash pt. 12B 11
2. Additional Points:
3. Cupping treatment:

M.J.

PATIENT'S SIGNATURE: X

L.AC. SIGNATURE: [Signature]

DATE: 9/5/14

S: LB NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:
A: Improved Decreased Increased No Change on LB / N Other: Yes / No
P: 1. Initial Points: 8212 + Ash pt. 12B 11
2. Additional Points:
3. Cupping treatment:

M.J.

PATIENT'S SIGNATURE: X

L.AC. SIGNATURE: [Signature]

DATE: 9/8/14

S: LB NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:
A: Improved Decreased Increased No Change on LB / N Other: Yes / No
P: 1. Initial Points: 8215 + Ash pt. 12B 11
2. Additional Points:
3. Cupping treatment:

M.J.

PATIENT'S SIGNATURE: X

L.AC. SIGNATURE: [Signature]

DATE: 9/15/14

S: LB NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:
A: Improved Decreased Increased No Change on LB / N Other: Yes / No
P: 1. Initial Points: 8215 + Ash pt. 12B 11
2. Additional Points:
3. Cupping treatment:

M.J.

PATIENT'S SIGNATURE: X

L.AC. SIGNATURE: [Signature]

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Received Date 10172014

M.J.

PATIENT NAME:

Last Name,

First Name

SEX: M AGE: 57 PAGE: 4

ACUPUNCTURE PROGRESS NOTES

DATE: 9/16/14
S: ~~LBP~~ ~~NP~~ SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.
Other:
AROM Limited Decreased Increased No Change on LB / N Other:
A: Improved No Change Worse Pt. Tolerated Treatment: ☒ Yes / No
P: 1. Initial Points:
2. Additional Points:
3. Cupping treatment: 22B22, 21/4, 18X21

PATIENT'S SIGNATURE: M.J.

L.AC. SIGNATURE:

DATE: 9/17/14
S: ~~LBP~~ ~~NP~~ SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.
Other:
AROM Limited Decreased Increased No Change on LB / N Other:
A: Improved No Change Worse Pt. Tolerated Treatment: ☒ Yes / No
P: 1. Initial Points: 22B 18 + 20 (R+L)
2. Additional Points:
3. Cupping treatment: 22B 22, 21/4, 18X21

PATIENT'S SIGNATURE: M.J.

L.AC. SIGNATURE:

DATE: 9/19/14
S: ~~LBP~~ ~~NP~~ SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.
Other:
AROM Limited Decreased Increased No Change on LB / N Other:
A: Improved No Change Worse Pt. Tolerated Treatment: ☒ Yes / No
P: 1. Initial Points: 22B 11 + 12 (R+L)
2. Additional Points:
3. Cupping treatment: 22B 18, 21/2, 24/1 (R+L)

PATIENT'S SIGNATURE: M.J.

L.AC. SIGNATURE:

DATE: 9/22/14
S: ~~LBP~~ ~~NP~~ SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.
Other:
AROM Limited Decreased Increased No Change on LB / N Other:
A: Improved No Change Worse Pt. Tolerated Treatment: ☒ Yes / No
P: 1. Initial Points: 22B 11 + 12 (R+L)
2. Additional Points:
3. Cupping treatment: 22B 18, 21/2, 24/1 (R+L)

PATIENT'S SIGNATURE: M.J.

L.AC. SIGNATURE:

DATE: 9/24/14
S: ~~LBP~~ ~~NP~~ SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.
Other:
AROM Limited Decreased Increased No Change on LB / N Other:
A: Improved No Change Worse Pt. Tolerated Treatment: ☒ Yes / No
P: 1. Initial Points:
2. Additional Points:
3. Cupping treatment: 22B 23, 1/5, 18X21

PATIENT'S SIGNATURE: M.J.

L.AC. SIGNATURE:

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Received Date 10172014

M.J.

PATIENT NAME: _____

Last Name,

First Name

SEX: M AGE: 57 PAGE: 5

ACUPUNCTURE PROGRESS NOTES

DATE: 9/26/14

S: LBP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:
AROM Limited Decreased Increased No Change on LB / N Other:
A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No

P: 1. Initial Points:

2. Additional Points:

3. Cupping treatment: NB 16, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 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631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000, 1001, 1002, 1003, 1004, 1005, 1006, 1007, 1008, 1009, 1010, 1011, 1012, 1013, 1014, 1015, 1016, 1017, 1018, 1019, 1020, 1021, 1022, 1023, 1024, 1025, 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2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154

810

PATIENT NAME: Z.S. SEX: F AGE: 27 PAGE: 1

Last Name, First Name

ACUPUNCTURE PROGRESS NOTES

DATE: 6/29/15

S: LEP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
 O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:

AROM Limited Decreased Increased No Change on LB / N Other:
 A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No

P: 1. Initial Points: WB 18+20 (R+L)
 2. Additional Points:
 3. Cupping treatment: WB 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

PATIENT'S SIGNATURE: Z.S.L.A.C. SIGNATURE: [Signature]DATE: 6/30/15

S: LEP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
 O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:

AROM Limited Decreased Increased No Change on LB / N Other:
 A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No

P: 1. Initial Points: WB 11+12 (R+L)
 2. Additional Points:
 3. Cupping treatment: WB 18, 20, 22 (R+L)

PATIENT'S SIGNATURE: Z.S.L.A.C. SIGNATURE: [Signature]DATE: 7/1/15

S: LEP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
 O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:

AROM Limited Decreased Increased No Change on LB / N Other:
 A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No

P: 1. Initial Points: WB 11+12 (R+L)
 2. Additional Points:
 3. Cupping treatment: WB 20, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

PATIENT'S SIGNATURE: Z.S.L.A.C. SIGNATURE: [Signature]DATE: 7/2/15

S: LEP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
 O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:

AROM Limited Decreased Increased No Change on LB / N Other:
 A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No

P: 1. Initial Points: WB 11+12 (R+L)
 2. Additional Points:
 3. Cupping treatment: WB 20, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

PATIENT'S SIGNATURE: Z.S.L.A.C. SIGNATURE: [Signature]DATE: 7/6/15

S: LEP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
 O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:

AROM Limited Decreased Increased No Change on LB / N Other:
 A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No

P: 1. Initial Points:
 2. Additional Points:
 3. Cupping treatment: WB 20, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

PATIENT'S SIGNATURE: Z.S.L.A.C. SIGNATURE: [Signature]

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MM 08062015

201508068043300002

Received Date 08062015

811

PATIENT NAME: Z.S.
Last Name, First Name

SEX: F AGE: 24 PAGE: 2

ACUPUNCTURE PROGRESS NOTES

DATE: 7/7/15

S: ~~LEP~~ NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: ~~Tenderness / Spasm on Cervical / Lumbar~~ Thoracic Para Vertebral Muscles.

Other:

AROM Limited Decreased Increased No Change on LB / N Other:
A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No

P: 1. Initial Points:

2. Additional Points:

3. Cupping treatment: MB 20, 22, 24 (R+L)

PATIENT'S SIGNATURE: Z.S.

L.A.C. SIGNATURE:

DATE: 7/9/15

S: ~~LEP~~ NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: ~~Tenderness / Spasm on Cervical / Lumbar~~ Thoracic Para Vertebral Muscles.

Other:

AROM Limited Decreased Increased No Change on LB / N Other:
A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No

P: 1. Initial Points:

2. Additional Points:

3. Cupping treatment: MB 16, 20, 22 (R+L)

PATIENT'S SIGNATURE: Z.S.

L.A.C. SIGNATURE:

DATE: 7/14/15

S: ~~LEP~~ NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: ~~Tenderness / Spasm on Cervical / Lumbar~~ Thoracic Para Vertebral Muscles.

Other:

AROM Limited Decreased Increased No Change on LB / N Other:
A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No

P: 1. Initial Points:

2. Additional Points:

3. Cupping treatment: MB 16, 20, 24 (R+L)

PATIENT'S SIGNATURE: Z.S.

L.A.C. SIGNATURE:

DATE: 7/17/15

S: ~~LEP~~ NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: ~~Tenderness / Spasm on Cervical / Lumbar~~ Thoracic Para Vertebral Muscles.

Other:

AROM Limited Decreased Increased No Change on LB / N Other:
A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No

P: 1. Initial Points:

2. Additional Points:

3. Cupping treatment: MB 18, 20, 24 (R+L)

PATIENT'S SIGNATURE: Z.S.

L.A.C. SIGNATURE:

DATE: 7/22/15

S: ~~LEP~~ NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: ~~Tenderness / Spasm on Cervical / Lumbar~~ Thoracic Para Vertebral Muscles.

Other:

AROM Limited Decreased Increased No Change on LB / N Other:
A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No

P: 1. Initial Points:

2. Additional Points:

3. Cupping treatment: MB 18, 20, 24 (R+L)

PATIENT'S SIGNATURE: Z.S.

L.A.C. SIGNATURE:

201508060008023

MM 08062015

201508068043300002

Received Date 08062015

Z.S.

PATIENT NAME: _____

Last name,

First Name

SEX: F

AGE: 24

PAGE: 3

ACUPUNCTURE PROGRESS NOTES

DATE: 7/27/15

S: LBP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:

O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:

A: AROM Limited

Improved

Decreased

Increased

No Change on LB / N

Other:

P: 1. Initial Points:

2. Additional Points:

3. Cupping treatment: 11B 20, 22, 24 (RA)

Pt. Tolerated Treatment: Yes / No

PATIENT'S SIGNATURE: Z.S.

L.AC. SIGNATURE: _____

DATE: 7/30/15

S: LBP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:

O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:

A: AROM Limited

Improved

Decreased

Increased

No Change on LB / N

Other:

P: 1. Initial Points:

2. Additional Points:

3. Cupping treatment: 11B 20, 22, 24 (RA)

Pt. Tolerated Treatment: Yes / No

PATIENT'S SIGNATURE: Z.S.

L.AC. SIGNATURE: _____

DATE: _____

S: LBP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:

O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:

A: AROM Limited

Improved

Decreased

Increased

No Change on LB / N

Other:

P: 1. Initial Points:

2. Additional Points:

3. Cupping treatment:

Pt. Tolerated Treatment: Yes / No

PATIENT'S SIGNATURE: _____

L.AC. SIGNATURE: _____

DATE: _____

S: LBP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:

O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:

A: AROM Limited

Improved

Decreased

Increased

No Change on LB / N

Other:

P: 1. Initial Points:

2. Additional Points:

3. Cupping treatment:

Pt. Tolerated Treatment: Yes / No

PATIENT'S SIGNATURE: _____

L.AC. SIGNATURE: _____

DATE: _____

S: LBP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:

O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:

A: AROM Limited

Improved

Decreased

Increased

No Change on LB / N

Other:

P: 1. Initial Points:

2. Additional Points:

3. Cupping treatment:

Pt. Tolerated Treatment: Yes / No

PATIENT'S SIGNATURE: _____

L.AC. SIGNATURE: _____

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Received Date 08062015

D.S.

813

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PATIENT NAME: _____
Last Name, First Name

ACUPUNCTURE TREATMENT PROGRESS NOTES

DATE: 11/18/16
 S: ~~LBP~~ ~~NP~~ SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER: _____
 O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.
 Other: _____
 AROM Limited Decreased Increased No Change on LB / N Other: _____
 A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No
 P: 1. Plain / Electric acup. Treatment Points: _____
 2. Cupping acup. treatment Points: WB20 23, S1 13 15
 PATIENT'S SIGNATURE: D.S. L.AC. _____

DATE: 11/23/16
 S: ~~LBP~~ ~~NP~~ SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER: _____
 O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.
 Other: _____
 AROM Limited Decreased Increased No Change on LB / N Other: _____
 A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No
 P: 1. Plain / Electric acup. Treatment Points: _____
 2. Cupping acup. treatment Points: WB18, 22 (R+L)
 PATIENT'S SIGNATURE: D.S. L.AC. _____

DATE: 11/28/16
 S: ~~LBP~~ ~~NP~~ SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER: _____
 O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.
 Other: _____
 AROM Limited Decreased Increased No Change on LB / N Other: _____
 A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No
 P: 1. Plain / Electric acup. Treatment Points: _____
 2. Cupping acup. treatment Points: WB18, 22 (R+L)
 PATIENT'S SIGNATURE: D.S. L.AC. _____

DATE: 12/1/16
 S: ~~LBP~~ ~~NP~~ SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER: _____
 O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.
 Other: _____
 AROM Limited Decreased Increased No Change on LB / N Other: _____
 A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No
 P: 1. Plain / Electric acup. Treatment Points: _____
 2. Cupping acup. treatment Points: WB24, 26 (R+L)
 PATIENT'S SIGNATURE: D.S. L.AC. _____

DATE: 12/7/16
 S: ~~LBP~~ ~~NP~~ SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER: _____
 O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.
 Other: _____
 AROM Limited Decreased Increased No Change on LB / N Other: _____
 A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No
 P: 1. Plain / Electric acup. Treatment Points: WB11, 13 (R+L)
 2. Cupping acup. treatment Points: WB24, 26 (R+L)
 PATIENT'S SIGNATURE: D.S. L.AC. _____

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Received Date 01032017

D.S.

814

PATIENT NAME:

Last Name,

First Name

SEX: F

AGE: 77

PAGE: 4

ACUPUNCTURE TREATMENT PROGRESS NOTES

DATE: 12/12/16

S: ~~LBP~~ NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ~~ANKP(L/R)~~ OTHER:

O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:


AROM Limited Decreased Increased No Change on LB / N Other:

A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No

P: 1. Plain / Electric acup. Treatment Points: WB 11 + 12 (L).

2. Cupping acup. treatment Points: WB 20, 24 CR 17.

D.S.

PATIENT'S SIGNATURE: L.Ac. 

DATE: 12/14/16

S: ~~LBP~~ NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ~~ANKP(L/R)~~ OTHER:

O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:


AROM Limited Decreased Increased No Change on LB / N Other:

A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No

P: 1. Plain / Electric acup. Treatment Points: WB 11 + 12 (L).

2. Cupping acup. treatment Points: WB 20, 24 CR 17.

D.S.

PATIENT'S SIGNATURE: L.Ac. 

DATE: 12/19/16

S: ~~LBP~~ NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ~~ANKP(L/R)~~ OTHER:

O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:

AROM Limited Decreased Increased No Change on LB / N Other:

A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No

P: 1. Plain / Electric acup. Treatment Points: WB 11 + 13 (L).

2. Cupping acup. treatment Points: WB 20, 24 CR 17.

D.S.

PATIENT'S SIGNATURE: L.Ac. 

DATE: 12/20/16

S: ~~LBP~~ NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ~~ANKP(L/R)~~ OTHER:

O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:


AROM Limited Decreased Increased No Change on LB / N Other:

A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No

P: 1. Plain / Electric acup. Treatment Points: WB 12 (L).

2. Cupping acup. treatment Points: WB 23, 25 CR 17.

D.S.

PATIENT'S SIGNATURE: L.Ac. 

DATE: 12/21/16

S: ~~LBP~~ NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ~~ANKP(L/R)~~ OTHER:

O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:


AROM Limited Decreased Increased No Change on LB / N Other:

A: Improved No Change Worse Pt. Tolerated Treatment: Yes / No

P: 1. Plain / Electric acup. Treatment Points:

2. Cupping acup. treatment Points: WB 20, 24; CR 17.

D.S.

PATIENT'S SIGNATURE: L.Ac. 

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Received Date 01032017

S.M.

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PATIENT NAME:

Last Name,

First Name

SEX:

M

AGE:

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ACUPUNCTURE TREATMENT PROGRESS NOTES

DATE:

11/28/16

S:

LBP (NP) SHP (L/R) KP (L/R) ELBP (L/R) WP (L/R) ANKP (L/R) OTHER:

O:

Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:

A:

AROM Limited Improved Decreased No Change Increased No Change on LB / N Other:

P:

1. Plain / Electric acup. Treatment Points: NB 16 + 20 (RM).

2. Cupping acup. treatment Points: NB 23, 26 (RM).

PATIENT'S SIGNATURE:

S.M.

L.AC.

DATE:

12/9/16

S:

LBP (NP) SHP (L/R) KP (L/R) ELBP (L/R) WP (L/R) ANKP (L/R) OTHER:

O:

Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:

A:

AROM Limited Improved No Change Decreased No Change Increased No Change on LB / N Other:

P:

1. Plain / Electric acup. Treatment Points:

2. Cupping acup. treatment Points: NB 23, 26 (RM).

PATIENT'S SIGNATURE:

S.M.

L.AC.

DATE:

12/9/16

S:

LBP (NP) SHP (L/R) KP (L/R) ELBP (L/R) WP (L/R) ANKP (L/R) OTHER:

O:

Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:

A:

AROM Limited Improved No Change Decreased No Change Increased No Change on LB / N Other:

P:

1. Plain / Electric acup. Treatment Points:

2. Cupping acup. treatment Points: NB 18, 22; EX 1.

PATIENT'S SIGNATURE:

S.M.

L.AC.

DATE:

12/15/16

S:

LBP (NP) SHP (L/R) KP (L/R) ELBP (L/R) WP (L/R) ANKP (L/R) OTHER:

O:

Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:

A:

AROM Limited Improved No Change Decreased No Change Increased No Change on LB / N Other:

P:

1. Plain / Electric acup. Treatment Points:

2. Cupping acup. treatment Points: NB 18, 22; EX 1.

PATIENT'S SIGNATURE:

S.M.

L.AC.

DATE:

1/3/17

S:

LBP (NP) SHP (L/R) KP (L/R) ELBP (L/R) WP (L/R) ANKP (L/R) OTHER:

O:

Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.

Other:

A:

AROM Limited Improved No Change Decreased No Change Increased No Change on LB / N Other:

P:

1. Plain / Electric acup. Treatment Points: NB 16 + 20 (RM).

2. Cupping acup. treatment Points: NB 26, 22 (RM).

PATIENT'S SIGNATURE:

S.M.

L.AC.

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Received Date 01302017

PATIENT NAME: S.M.
Last Name, First Name

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ACUPUNCTURE TREATMENT PROGRESS NOTES

DATE: 1/4/17
S: LBP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.
Other: _____
A: AROM Limited Decreased Increased No Change on LB / N Other: _____
Improved No Change Worse Pt. Tolerated Treatment: Yes / No
P: 1 Plain / Electric acup. Treatment Points: NB20 + 22 (R+L)
2 Cupping acup. treatment Points: NB 14, 18 (R+L)
PATIENT'S SIGNATURE: S.M. L.Ac. [Signature]

DATE: 1/4/17
S: LBP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.
Other: _____
A: AROM Limited Decreased Increased No Change on LB / N Other: _____
Improved No Change Worse Pt. Tolerated Treatment: Yes / No
P: 1 Plain / Electric acup. Treatment Points: NB 18 + 22 (R+L)
2 Cupping acup. treatment Points: NB 23, EXU (L+R)
PATIENT'S SIGNATURE: S.M. L.Ac. [Signature]

DATE: 1/17/17
S: LBP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.
Other: _____
A: AROM Limited Decreased Increased No Change on LB / N Other: _____
Improved No Change Worse Pt. Tolerated Treatment: Yes / No
P: 1 Plain / Electric acup. Treatment Points: NB 18 + 22 (R+L)
2 Cupping acup. treatment Points: NB 23, EXU (R+L)
PATIENT'S SIGNATURE: S.M. L.Ac. [Signature]

DATE: 1/20/17
S: LBP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.
Other: _____
A: AROM Limited Decreased Increased No Change on LB / N Other: _____
Improved No Change Worse Pt. Tolerated Treatment: Yes / No
P: 1 Plain / Electric acup. Treatment Points:
2 Cupping acup. treatment Points: NB 20, 24 (R+L)
PATIENT'S SIGNATURE: S.M. L.Ac. [Signature]

DATE: _____
S: LBP NP SHP(L/R) KP(L/R) ELBP(L/R) WP(L/R) ANKP(L/R) OTHER:
O: Tenderness / Spasm on Cervical / Lumbar / Thoracic Para Vertebral Muscles.
Other: _____
A: AROM Limited Decreased Increased No Change on LB / N Other: _____
Improved No Change Worse Pt. Tolerated Treatment: Yes / No
P: 1 Plain / Electric acup. Treatment Points:
2 Cupping acup. treatment Points:
PATIENT'S SIGNATURE: _____ L.Ac. _____

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Received Date 01302017

EXHIBIT “12”

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Cupping Billed under Billing Code 99199</p> | | | | | |
|---|--------------------------|-----------------------------|--------------------------|-------------------------|-------------------|
| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
| 0268725595-06 | D.P. | Charles Deng Acupuncture PC | 99199 | 02/21/2013 | 1 |
| 0268725595-06 | D.P. | Charles Deng Acupuncture PC | 99199 | 04/04/2013-04/05/2013 | 2 |
| 0269624242-03 | O.C. | Charles Deng Acupuncture PC | 99199 | 04/01/2013 | 1 |
| 0283577740-02 | J.A. | Charles Deng Acupuncture PC | 99199 | 07/23/2013-07/26/2013 | 3 |
| 0283577740-03 | M.M. | Charles Deng Acupuncture PC | 99199 | 06/13/2013-06/28/2013 | 5 |
| 0283577740-03 | M.M. | Charles Deng Acupuncture PC | 99199 | 07/23/2013-07/26/2013 | 3 |
| 0288265572-02 | A.F. | Charles Deng Acupuncture PC | 99199 | 05/17/2013-06/06/2013 | 7 |
| 0288265572-02 | A.F. | Charles Deng Acupuncture PC | 99199 | 06/12/2013-07/08/2013 | 7 |
| 0288265572-02 | A.F. | Charles Deng Acupuncture PC | 99199 | 06/12/2013-07/09/2013 | 6 |
| 0288265572-02 | A.F. | Charles Deng Acupuncture PC | 99199 | 08/05/2013-08/27/2013 | 7 |
| 0293324331-02 | D.M. | Charles Deng Acupuncture PC | 99199 | 07/22/2013-07/25/2013 | 3 |
| 0293324331-02 | D.M. | Charles Deng Acupuncture PC | 99199 | 08/02/2013-08/27/2013 | 8 |
| 0294866694-01 | J.B. | Charles Deng Acupuncture PC | 99199 | 08/05/2013-08/23/2013 | 6 |
| 0431774421-04 | M.J. | Charles Deng Acupuncture PC | 99199 | 02/14/2017-03/06/2017 | 4 |
| 0436499486-02 | S.M. | Charles Deng Acupuncture PC | 99199 | 02/23/2017-03/03/2017 | 3 |
| 0288265572-02 | A.F. | Charles Deng L.Ac. | 99199 | 09/03/2013-09/27/2013 | 11 |
| 0288265572-02 | A.F. | Charles Deng L.Ac. | 99199 | 10/16/2013 | 1 |
| 0288265572-02 | A.F. | Charles Deng L.Ac. | 99199 | 10/22/2013-11/07/2013 | 6 |
| 0288265572-02 | A.F. | Charles Deng L.Ac. | 99199 | 11/20/2013 | 1 |
| 0294866694-01 | J.B. | Charles Deng L.Ac. | 99199 | 08/27/2013-09/17/2013 | 4 |
| 0296244239-02 | B.H. | Charles Deng L.Ac. | 99199 | 08/21/2013-09/26/2013 | 13 |
| 0296244239-02 | B.H. | Charles Deng L.Ac. | 99199 | 10/01/2013-10/10/2013 | 3 |
| 0296244239-02 | B.H. | Charles Deng L.Ac. | 99199 | 10/22/2013-11/08/2013 | 4 |
| 0296244239-02 | B.H. | Charles Deng L.Ac. | 99199 | 11/21/2013-12/10/2013 | 4 |
| 0298350612-01 | N.P. | Charles Deng L.Ac. | 99199 | 09/05/2013-09/27/2013 | 8 |
| 0298350612-01 | N.P. | Charles Deng L.Ac. | 99199 | 10/01/2013-10/17/2013 | 7 |
| 0298350612-01 | N.P. | Charles Deng L.Ac. | 99199 | 10/28/2013-11/07/2013 | 5 |
| 0298350612-01 | N.P. | Charles Deng L.Ac. | 99199 | 11/12/2013-12/09/2013 | 7 |
| 0298350612-01 | N.P. | Charles Deng L.Ac. | 99199 | 12/13/2013 | 1 |
| 0302803937-04 | A.S. | Charles Deng L.Ac. | 99199 | 10/29/2013-11/08/2013 | 6 |
| 0302803937-04 | A.S. | Charles Deng L.Ac. | 99199 | 11/13/2013-12/10/2013 | 8 |
| 0302803937-04 | A.S. | Charles Deng L.Ac. | 99199 | 01/02/2014-01/06/2014 | 2 |
| 0302803937-04 | A.S. | Charles Deng L.Ac. | 99199 | 01/13/2014 | 1 |
| 0302803937-04 | A.S. | Charles Deng L.Ac. | 99199 | 04/01/2014-04/02/2014 | 2 |
| 0303475743-01 | M.G. | Charles Deng L.Ac. | 99199 | 10/30/2013-11/07/2013 | 4 |
| 0303475743-01 | M.G. | Charles Deng L.Ac. | 99199 | 11/22/2013 | 1 |
| 0303475743-01 | M.G. | Charles Deng L.Ac. | 99199 | 12/20/2013-01/03/2014 | 2 |
| 0303475743-01 | M.G. | Charles Deng L.Ac. | 99199 | 01/17/2014-01/31/2014 | 3 |
| 0315420661-02 | L.S. | Charles Deng L.Ac. | 99199 | 01/29/2014-02/19/2014 | 10 |
| 0315420661-02 | L.S. | Charles Deng L.Ac. | 99199 | 02/17/2014-03/10/2014 | 5 |
| 0315420661-02 | L.S. | Charles Deng L.Ac. | 99199 | 03/19/2014-04/04/2014 | 6 |
| 0315420661-02 | L.S. | Charles Deng L.Ac. | 99199 | 05/16/2014-05/23/2014 | 4 |

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Cupping Billed under Billing Code 99199</p> | | | | | |
|---|--------------------------|--------------------|--------------------------|-------------------------|-------------------|
| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
| 0319843156-02 | J.P. | Charles Deng L.Ac. | 99199 | 03/28/2014-04/04/2014 | 3 |
| 0319843156-02 | J.P. | Charles Deng L.Ac. | 99199 | 04/09/2014-04/25/2014 | 3 |
| 0319843156-02 | J.P. | Charles Deng L.Ac. | 99199 | 06/03/2014-06/09/2014 | 3 |
| 0324099315-01 | J.G. | Charles Deng L.Ac. | 99199 | 05/01/2014-05/20/2014 | 6 |
| 0324099315-01 | J.G. | Charles Deng L.Ac. | 99199 | 06/02/2014 | 1 |
| 0324099315-01 | J.G. | Charles Deng L.Ac. | 99199 | 07/16/2014-07/17/2014 | 2 |
| 0326267416-10 | L.G. | Charles Deng L.Ac. | 99199 | 05/23/2014-05/27/2014 | 2 |
| 0326267416-10 | L.G. | Charles Deng L.Ac. | 99199 | 06/02/2014-06/13/2014 | 3 |
| 0326267416-10 | L.G. | Charles Deng L.Ac. | 99199 | 06/30/2014 | 1 |
| 0333596995-01 | M.J. | Charles Deng L.Ac. | 99199 | 09/16/2014-10/06/2014 | 10 |
| 0333596995-01 | M.J. | Charles Deng L.Ac. | 99199 | 10/13/2014-11/10/2014 | 11 |
| 0336215595-02 | L.B. | Charles Deng L.Ac. | 99199 | 08/26/2014-09/09/2014 | 4 |
| 0336215595-02 | L.B. | Charles Deng L.Ac. | 99199 | 09/19/2014-10/08/2014 | 5 |
| 0336215595-02 | L.B. | Charles Deng L.Ac. | 99199 | 10/14/2014-11/05/2014 | 6 |
| 0340022847-01 | J.M. | Charles Deng L.Ac. | 99199 | 09/09/2014-10/03/2014 | 7 |
| 0340022847-01 | J.M. | Charles Deng L.Ac. | 99199 | 10/04/2014-11/10/2014 | 10 |
| 0340022847-01 | J.M. | Charles Deng L.Ac. | 99199 | 11/17/2014-12/10/2014 | 8 |
| 0340022847-01 | J.M. | Charles Deng L.Ac. | 99199 | 12/12/2014-12/16/2014 | 2 |
| 0342499539-01 | J.R. | Charles Deng L.Ac. | 99199 | 11/19/2014-12/10/2014 | 4 |
| 0342499539-01 | J.R. | Charles Deng L.Ac. | 99199 | 02/27/2015-03/09/2015 | 3 |
| 0342499539-01 | J.R. | Charles Deng L.Ac. | 99199 | 03/18/2015-04/08/2015 | 5 |
| 0374124246-03 | P.G. | Charles Deng L.Ac. | 99199 | 05/29/2015-07/13/2015 | 10 |
| 0374124246-03 | P.G. | Charles Deng L.Ac. | 99199 | 07/23/2015-08/06/2015 | 5 |
| 0374512275-02 | B.S. | Charles Deng L.Ac. | 99199 | 06/29/2015-07/17/2015 | 10 |
| 0374512275-02 | B.S. | Charles Deng L.Ac. | 99199 | 09/01/2015-09/14/2015 | 3 |
| 0374512275-03 | Z.S. | Charles Deng L.Ac. | 99199 | 08/05/2015-08/27/2015 | 5 |
| 0374512275-03 | Z.S. | Charles Deng L.Ac. | 99199 | 09/01/2015-09/14/2015 | 3 |
| 0374553048-02 | E.F. | Charles Deng L.Ac. | 99199 | 07/08/2015-07/30/2015 | 10 |
| 0374553048-02 | E.F. | Charles Deng L.Ac. | 99199 | 08/10/2015-08/27/2015 | 9 |
| 0374553048-02 | E.F. | Charles Deng L.Ac. | 99199 | 09/14/2015-09/17/2015 | 2 |
| 0398385996-02 | F.P. | Charles Deng L.Ac. | 99199 | 01/11/2016-01/18/2016 | 5 |
| 0398385996-02 | F.P. | Charles Deng L.Ac. | 99199 | 01/20/2016-02/16/2016 | 11 |
| 0398385996-02 | F.P. | Charles Deng L.Ac. | 99199 | 02/19/2016-03/14/2016 | 8 |
| 0411304496-01 | I.L. | Charles Deng L.Ac. | 99199 | 05/04/2016-05/16/2016 | 5 |
| 0411304496-01 | I.L. | Charles Deng L.Ac. | 99199 | 05/24/2016-06/15/2016 | 8 |
| 0411304496-01 | I.L. | Charles Deng L.Ac. | 99199 | 06/16/2016-07/08/2016 | 4 |
| 0411304496-02 | J.L. | Charles Deng L.Ac. | 99199 | 04/21/2016-05/12/2016 | 6 |
| 0411304496-02 | J.L. | Charles Deng L.Ac. | 99199 | 05/24/2016-06/10/2016 | 7 |
| 0411304496-02 | J.L. | Charles Deng L.Ac. | 99199 | 06/16/2016-07/07/2016 | 3 |
| 0411304496-02 | J.L. | Charles Deng L.Ac. | 99199 | 07/13/2016-07/27/2016 | 3 |
| 0411304496-02 | J.L. | Charles Deng L.Ac. | 99199 | 09/07/2016-09/08/2016 | 2 |
| 0431774421-03 | D.S. | Charles Deng L.Ac. | 99199 | 11/02/2016-11/28/2016 | 6 |

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Cupping Billed under Billing Code 99199</p> | | | | | |
|---|--------------------------|--------------------|--------------------------|-------------------------|-------------------|
| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
| 0431774421-04 | M.J. | Charles Deng L.Ac. | 99199 | 11/02/2016-11/29/2016 | 6 |
| 0431774421-04 | M.J. | Charles Deng L.Ac. | 99199 | 02/06/2017-02/13/2017 | 3 |
| 0431774421-05 | M.T. | Charles Deng L.Ac. | 99199 | 11/02/2016-11/28/2016 | 5 |
| 0431774421-05 | M.T. | Charles Deng L.Ac. | 99199 | 11/30/2016-12/27/2016 | 6 |
| 0434546750-02 | S.B. | Charles Deng L.Ac. | 99199 | 10/19/2016-11/09/2016 | 5 |
| 0434546750-11 | E.I. | Charles Deng L.Ac. | 99199 | 01/04/2016-11/11/2016 | 5 |
| 0434546750-11 | E.I. | Charles Deng L.Ac. | 99199 | 11/23/2016-11/28/2016 | 2 |
| 0434546750-11 | E.I. | Charles Deng L.Ac. | 99199 | 11/29/2016-12/12/2016 | 3 |
| 0436499486-02 | S.M. | Charles Deng L.Ac. | 99199 | 11/28/2016 | 1 |
| 0436499486-02 | S.M. | Charles Deng L.Ac. | 99199 | 12/07/2016-12/15/2016 | 3 |
| 0436499486-02 | S.M. | Charles Deng L.Ac. | 99199 | 01/24/2017-02/03/2017 | 3 |

EXHIBIT “13”

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Submitted Claims where Provider Purportedly Performed NCV Testing Without EMG Testing</p> | | | | | |
|---|--------------------------|---------------------------|--------------------------|-------------------------|-------------------|
| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
| 0434546750-02 | S.B. | KP Medical Care PC | 95903 | 10/31/2016 | 1 |
| 0434546750-02 | S.B. | KP Medical Care PC | 95904 | 10/31/2016 | 1 |
| 0434546750-02 | S.B. | KP Medical Care PC | 95903 | 11/03/2016 | 1 |
| 0434546750-02 | S.B. | KP Medical Care PC | 95904 | 11/03/2016 | 1 |
| 0431774421-01 | J.C. | Allay Medical Services PC | 95903 | 10/27/2016 | 1 |
| 0431774421-01 | J.C. | Allay Medical Services PC | 95904 | 10/27/2016 | 1 |
| 0374553048-02 | E.F. | Allay Medical Services PC | 95903 | 07/13/2015 | 1 |
| 0374553048-02 | E.F. | Allay Medical Services PC | 95904 | 07/13/2015 | 1 |
| 0374553048-02 | E.F. | Ksenia Pavlova DO | 95903 | 07/23/2015 | 1 |
| 0374553048-02 | E.F. | Ksenia Pavlova DO | 95904 | 07/23/2015 | 1 |
| 0380809228-07 | B.G. | Allay Medical Services PC | 95903 | 09/25/2015 | 1 |
| 0380809228-07 | B.G. | Allay Medical Services PC | 95904 | 09/25/2015 | 1 |
| 0380809228-07 | B.G. | Ksenia Pavlova DO | 95903 | 10/15/2015 | 1 |
| 0380809228-07 | B.G. | Ksenia Pavlova DO | 95904 | 10/15/2015 | 1 |
| 0434546750-11 | E.I. | KP Medical Care PC | 95903 | 11/15/2016 | 1 |
| 0434546750-11 | E.I. | KP Medical Care PC | 95904 | 11/15/2016 | 1 |
| 0431774421-04 | M.J. | Allay Medical Services PC | 95903 | 10/24/2016 | 1 |
| 0431774421-04 | M.J. | Allay Medical Services PC | 95904 | 10/24/2016 | 1 |
| 0411304496-01 | I.L. | PFJ Medical Care PC | 95903 | 05/16/2016 | 1 |
| 0411304496-01 | I.L. | PFJ Medical Care PC | 95904 | 05/16/2016 | 1 |
| 0411304496-01 | I.L. | PFJ Medical Care PC | 95903 | 06/01/2016 | 1 |
| 0411304496-01 | I.L. | PFJ Medical Care PC | 95904 | 06/01/2016 | 1 |
| 0436499486-02 | S.M. | KP Medical Care PC | 95903 | 11/28/2016 | 1 |
| 0436499486-02 | S.M. | KP Medical Care PC | 95904 | 11/28/2016 | 1 |
| 0374512275-02 | B.S. | Allay Medical Services PC | 95903 | 07/16/2015 | 1 |
| 0374512275-02 | B.S. | Allay Medical Services PC | 95904 | 07/16/2015 | 1 |
| 0374512275-02 | B.S. | Allay Medical Services PC | 95903 | 07/17/2015 | 1 |
| 0374512275-02 | B.S. | Allay Medical Services PC | 95904 | 07/17/2015 | 1 |
| 0374512275-03 | Z.S. | Allay Medical Services PC | 95903 | 07/17/2015 | 1 |
| 0374512275-03 | Z.S. | Allay Medical Services PC | 95904 | 07/17/2015 | 1 |
| 0431774421-05 | M.T. | Allay Medical Services PC | 95903 | 10/24/2016 | 1 |
| 0431774421-05 | M.T. | Allay Medical Services PC | 95904 | 10/24/2016 | 1 |
| 0431774421-05 | M.T. | Ksenia Pavlova DO | 95903 | 10/17/2016 | 1 |
| 0380809228-05 | T.T. | Allay Medical Services PC | 95903 | 08/31/2015 | 1 |
| 0380809228-05 | T.T. | Allay Medical Services PC | 95904 | 08/31/2015 | 1 |
| 0380809228-05 | T.T. | Allay Medical Services PC | 95903 | 09/08/2015 | 1 |
| 0380809228-05 | T.T. | Allay Medical Services PC | 95904 | 09/08/2015 | 1 |
| 0439267394-01 | R.N. | JPC Medical PC | 95903 | 04/25/2017 | 1 |
| 0439267394-01 | R.N. | JPC Medical PC | 95904 | 04/25/2017 | 1 |

EXHIBIT “14”

Allstate Ins. Co., et al. v. Rybak, et al.

Representative Sample of Submitted Claims for EMG Testing where Provider Diagnosed Radiculopathy

| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
|------------------|--------------------------|--------------------|--------------------------|-------------------------|-------------------|
| 0431774421-04 | M.J. | KP Medical Care PC | 95861 | 11/14/2016 | 1 |
| 0436499486-02 | S.M. | KP Medical Care PC | 95861 | 12/07/2016 | 1 |
| 0431774421-05 | M.T. | KP Medical Care PC | 95861 | 11/14/2016 | 1 |
| 0431259696-05 | I.G. | JPC Medical PC | 95886 | 01/26/2017 | 1 |
| 0434552568-02 | A.J. | JPC Medical PC | 95886 | 02/16/2017 | 1 |
| 0436367817-03 | M.K. | JPC Medical PC | 95886 | 01/31/2017 | 1 |
| 0436730963-06 | R.N. | JPC Medical PC | 95886 | 02/02/2017 | 1 |
| 0438641714-03 | P.W. | JPC Medical PC | 95886 | 04/13/2017 | 1 |
| 0449854487-02 | L.W. | JPC Medical PC | 95886 | 04/25/2017 | 1 |
| 0441705449-03 | M.T. | JPC Medical PC | 95886 | 03/07/2017 | 1 |

EXHIBIT “15”

Allstate Ins. Co., et al. v. Rybak, et al.

Representative Sample of Submitted Claims for EMG Testing where Provider Diagnosed Multi-level Radiculopathy

| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
|------------------|--------------------------|--------------------|--------------------------|-------------------------|-------------------|
| 0431774421-04 | M.J. | KP Medical Care PC | 95861 | 11/14/2016 | 1 |
| 0436499486-02 | S.M. | KP Medical Care PC | 95861 | 12/07/2016 | 1 |
| 0431774421-05 | M.T. | KP Medical Care PC | 95861 | 11/14/2016 | 1 |
| 0431259696-05 | I.G. | JPC Medical PC | 95886 | 01/26/2017 | 1 |
| 0434552568-02 | A.J. | JPC Medical PC | 95886 | 02/16/2017 | 1 |
| 0436367817-03 | M.K. | JPC Medical PC | 95886 | 01/31/2017 | 1 |
| 0436730963-06 | R.N. | JPC Medical PC | 95886 | 02/02/2017 | 1 |
| 0438641714-03 | P.W. | JPC Medical PC | 95886 | 04/13/2017 | 1 |
| 0449854487-02 | L.W. | JPC Medical PC | 95886 | 04/25/2017 | 1 |
| 0441705449-03 | M.T. | JPC Medical PC | 95886 | 03/07/2017 | 1 |

EXHIBIT “16”

Allstate Ins. Co., et al. v. Rybak, et al.

Representative Sample of Submitted Claims for EMG Testing where Provider Diagnosed Bilateral Radiculopathy

| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
|------------------|--------------------------|--------------------|--------------------------|-------------------------|-------------------|
| 0431774421-04 | M.J. | KP Medical Care PC | 95861 | 11/14/2016 | 1 |
| 0436499486-02 | S.M. | KP Medical Care PC | 95861 | 12/07/2016 | 1 |
| 0431774421-05 | M.T. | KP Medical Care PC | 95861 | 11/14/2016 | 1 |
| 0434552568-02 | A.J. | JPC Medical PC | 95886 | 02/16/2017 | 1 |
| 0436367817-03 | M.K. | JPC Medical PC | 95886 | 01/31/2017 | 1 |
| 0436730963-06 | R.N. | JPC Medical PC | 95886 | 02/02/2017 | 1 |
| 0449854487-02 | L.W. | JPC Medical PC | 95886 | 04/25/2017 | 1 |
| 0441705449-03 | M.T. | JPC Medical PC | 95886 | 03/07/2017 | 1 |

EXHIBIT “17”

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for pf-NCS Testing Billed under
Billing Code 95904 and/or 95999</p> | | | | | |
|---|--------------------------|---|--------------------------|-------------------------|-------------------|
| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
| 0434546750-02 | S.B. | ACH Chiropractic PC | 95904 | 10/27/2016 | 1 |
| 0434546750-11 | E.I. | ACH Chiropractic PC | 95904 | 11/04/2016 | 1 |
| 0446478414-02 | B.M. | ACH Chiropractic PC | 95904 | 04/06/2017 | 1 |
| 0478186786-02 | M.L. | ACH Chiropractic PC | 95904 | 12/06/2017 | 1 |
| 0478186786-02 | M.L. | ACH Chiropractic PC | 95904 | 12/06/2017 | 1 |
| 0478186786-03 | P.O. | ACH Chiropractic PC | 95904 | 10/31/2017 | 1 |
| 0478186786-03 | P.O. | ACH Chiropractic PC | 95904 | 10/31/2017 | 1 |
| 0478186786-08 | S.P. | ACH Chiropractic PC | 95904 | 11/21/2017 | 1 |
| 0478186786-08 | S.P. | ACH Chiropractic PC | 95904 | 11/21/2017 | 1 |
| 0492252812-02 | S.B. | ACH Chiropractic PC | 95904 | 04/09/2018 | 1 |
| 0492252812-02 | S.B. | ACH Chiropractic PC | 95904 | 04/09/2018 | 1 |
| 0496020934-01 | E.D. | ACH Chiropractic PC | 95904 | 04/09/2018 | 1 |
| 0496020934-01 | E.D. | ACH Chiropractic PC | 95904 | 04/09/2018 | 1 |
| 0496020934-04 | J.N. | ACH Chiropractic PC | 95904 | 04/09/2018 | 1 |
| 0505336941-02 | P.G. | Energy Chiropractic PC | 95904 | 08/22/2018 | 1 |
| 0505336941-02 | P.G. | Energy Chiropractic PC | 95904 | 08/22/2018 | 1 |
| 0505336941-05 | E.K. | Energy Chiropractic PC | 95904 | 07/11/2018 | 1 |
| 0505336941-05 | E.K. | Energy Chiropractic PC | 95904 | 07/11/2018 | 1 |
| 0211701685-05 | J.L. | Island Life Chiropractic Pain Care PLLC | 95999 | 12/07/2011 | 1 |
| 0211701685-05 | J.L. | Island Life Chiropractic Pain Care PLLC | 95999 | 12/07/2011 | 1 |
| 0212571806-03 | A.D. | Island Life Chiropractic Pain Care PLLC | 95999 | 10/12/2011 | 1 |
| 0212571806-03 | A.D. | Island Life Chiropractic Pain Care PLLC | 95999 | 10/12/2011 | 1 |
| 0217120120-03 | Y.B. | Island Life Chiropractic Pain Care PLLC | 95999 | 10/12/2011 | 1 |
| 0217120120-03 | Y.B. | Island Life Chiropractic Pain Care PLLC | 95999 | 10/12/2011 | 1 |
| 0223443532-05 | R.M. | Island Life Chiropractic Pain Care PLLC | 95999 | 11/23/2011 | 1 |
| 0230271157-06 | R.M. | Island Life Chiropractic Pain Care PLLC | 95999 | 03/27/2012 | 1 |
| 0230710758-01 | M.G. | Island Life Chiropractic Pain Care PLLC | 95999 | 12/21/2011 | 1 |
| 0231928466-01 | G.M. | Island Life Chiropractic Pain Care PLLC | 95999 | 01/25/2012 | 1 |
| 0231928466-01 | G.M. | Island Life Chiropractic Pain Care PLLC | 95999 | 01/25/2012 | 1 |
| 0231928466-01 | G.M. | Island Life Chiropractic Pain Care PLLC | 95999 | 01/25/2012 | 1 |
| 0232367730-09 | S.J. | Island Life Chiropractic Pain Care PLLC | 95999 | 02/24/2012 | 1 |
| 0232442087-03 | A.L. | Island Life Chiropractic Pain Care PLLC | 95999 | 01/25/2012 | 1 |
| 0232442087-03 | A.L. | Island Life Chiropractic Pain Care PLLC | 95999 | 01/25/2012 | 1 |
| 0236474912-03 | T.N. | Island Life Chiropractic Pain Care PLLC | 95999 | 03/07/2012 | 1 |
| 0236474912-03 | T.N. | Island Life Chiropractic Pain Care PLLC | 95999 | 03/07/2012 | 1 |
| 0237989108-03 | E.E. | Island Life Chiropractic Pain Care PLLC | 95999 | 03/27/2012 | 1 |
| 0237989108-03 | E.E. | Island Life Chiropractic Pain Care PLLC | 95999 | 03/27/2012 | 1 |
| 0240366203-03 | O.L. | Island Life Chiropractic Pain Care PLLC | 95999 | 04/17/2012 | 1 |
| 0241444553-05 | K.L. | Island Life Chiropractic Pain Care PLLC | 95999 | 04/24/2012 | 1 |
| 0241444553-05 | K.L. | Island Life Chiropractic Pain Care PLLC | 95999 | 04/24/2012 | 1 |
| 0246761522-01 | D.H. | Island Life Chiropractic Pain Care PLLC | 95999 | 07/24/2012 | 1 |

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for pf-NCS Testing Billed under
Billing Code 95904 and/or 95999</p> | | | | | |
|---|--------------------------|---|--------------------------|-------------------------|-------------------|
| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
| 0249232133-03 | M.M. | Island Life Chiropractic Pain Care PLLC | 95999 | 07/05/2012 | 1 |
| 0249232133-03 | M.M. | Island Life Chiropractic Pain Care PLLC | 95999 | 07/05/2012 | 1 |
| 0250464211-01 | O.S. | Island Life Chiropractic Pain Care PLLC | 95999 | 06/05/2012 | 1 |
| 0250464211-01 | O.S. | Island Life Chiropractic Pain Care PLLC | 95999 | 06/05/2012 | 1 |
| 0253727044-01 | G.M. | Island Life Chiropractic Pain Care PLLC | 95999 | 07/31/2012 | 1 |
| 0253727044-04 | D.M. | Island Life Chiropractic Pain Care PLLC | 95999 | 07/17/2012 | 1 |
| 0253727044-04 | D.M. | Island Life Chiropractic Pain Care PLLC | 95999 | 07/17/2012 | 1 |
| 0256679861-06 | J.P. | Island Life Chiropractic Pain Care PLLC | 95999 | 09/19/2012 | 1 |
| 0258075928-01 | C.L. | Island Life Chiropractic Pain Care PLLC | 95999 | 09/19/2012 | 1 |
| 0258075928-01 | C.L. | Island Life Chiropractic Pain Care PLLC | 95999 | 09/19/2012 | 1 |
| 0259040152-03 | R.J. | Island Life Chiropractic Pain Care PLLC | 95999 | 11/01/2012 | 1 |
| 0260066378-01 | S.R. | Island Life Chiropractic Pain Care PLLC | 95999 | 11/05/2012 | 1 |
| 0260066378-05 | F.C. | Island Life Chiropractic Pain Care PLLC | 95999 | 11/06/2012 | 1 |
| 0261148811-03 | E.C. | Island Life Chiropractic Pain Care PLLC | 95999 | 09/26/2012 | 1 |
| 0268725595-01 | J.B. | Island Life Chiropractic Pain Care PLLC | 95999 | 12/10/2012 | 1 |
| 0268725595-01 | J.B. | Island Life Chiropractic Pain Care PLLC | 95999 | 01/29/2013 | 1 |
| 0283577740-02 | J.A. | Island Life Chiropractic Pain Care PLLC | 95999 | 06/05/2013 | 1 |
| 0283577740-02 | J.A. | Island Life Chiropractic Pain Care PLLC | 95999 | 06/05/2013 | 1 |
| 0296244239-02 | B.H. | Island Life Chiropractic Pain Care PLLC | 95999 | 09/24/2013 | 1 |
| 0296244239-02 | B.H. | Island Life Chiropractic Pain Care PLLC | 95999 | 09/24/2013 | 1 |
| 0299585850-02 | L.G. | Island Life Chiropractic Pain Care PLLC | 95999 | 02/14/2014 | 1 |
| 0303475743-01 | M.G. | Island Life Chiropractic Pain Care PLLC | 95999 | 11/05/2013 | 1 |
| 0303475743-01 | M.G. | Island Life Chiropractic Pain Care PLLC | 95999 | 11/05/2013 | 1 |
| 0303475743-01 | M.G. | Island Life Chiropractic Pain Care PLLC | 95999 | 11/05/2013 | 1 |
| 0326267416-02 | R.F. | Island Life Chiropractic Pain Care PLLC | 95999 | 07/01/2014 | 1 |
| 0326267416-10 | L.G. | Island Life Chiropractic Pain Care PLLC | 95999 | 06/05/2014 | 1 |
| 0374512275-02 | B.S. | Island Life Chiropractic Pain Care PLLC | 95999 | 07/09/2015 | 1 |
| 0374512275-02 | B.S. | Island Life Chiropractic Pain Care PLLC | 95999 | 07/09/2015 | 1 |
| 0374512275-03 | Z.S. | Island Life Chiropractic Pain Care PLLC | 95999 | 07/16/2015 | 1 |
| 0374512275-03 | Z.S. | Island Life Chiropractic Pain Care PLLC | 95999 | 07/16/2015 | 1 |
| 0374553048-02 | E.F. | Island Life Chiropractic Pain Care PLLC | 95999 | 07/21/2015 | 1 |
| 0374553048-02 | E.F. | Island Life Chiropractic Pain Care PLLC | 95999 | 07/21/2015 | 1 |
| 0380809228-02 | C.A. | Island Life Chiropractic Pain Care PLLC | 95999 | 08/25/2015 | 1 |
| 0380809228-05 | T.T. | Island Life Chiropractic Pain Care PLLC | 95999 | 09/28/2015 | 1 |
| 0380809228-06 | C.D. | Island Life Chiropractic Pain Care PLLC | 95999 | 08/25/2015 | 1 |
| 0380809228-07 | B.G. | Island Life Chiropractic Pain Care PLLC | 95999 | 08/25/2015 | 1 |
| 0398385996-02 | F.P. | Island Life Chiropractic Pain Care PLLC | 95999 | 01/14/2016 | 1 |
| 4817002837-02 | C.C. | Island Life Chiropractic Pain Care PLLC | 95999 | 02/08/2012 | 1 |
| 4817002837-02 | C.C. | Island Life Chiropractic Pain Care PLLC | 95999 | 02/08/2012 | 1 |

EXHIBIT “18”

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Muscle Testing Billed under
Billing Code 95831 and/or 95833</p> | | | | | |
|---|--------------------------|---------------------------|--------------------------|-------------------------|-------------------|
| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
| 0374512275-03 | Z.S. | Allay Medical Services PC | 95831 | 09/14/2015 | 1 |
| 0374512275-03 | Z.S. | Allay Medical Services PC | 95833 | 09/14/2015 | 1 |
| 0374553048-02 | E.F. | Allay Medical Services PC | 95831 | 07/09/2015 | 1 |
| 0374553048-02 | E.F. | Allay Medical Services PC | 95833 | 07/09/2015 | 1 |
| 0374553048-02 | E.F. | Allay Medical Services PC | 95831 | 08/12/2015 | 1 |
| 0374553048-02 | E.F. | Allay Medical Services PC | 95833 | 08/12/2015 | 1 |
| 0374553048-02 | E.F. | Allay Medical Services PC | 95833 | 11/16/2015 | 1 |
| 0431774421-01 | J.C. | KP Medical Care PC | 95831 | 12/05/2016 | 1 |
| 0431774421-01 | J.C. | KP Medical Care PC | 95833 | 12/05/2016 | 1 |
| 0431774421-01 | J.C. | KP Medical Care PC | 95833 | 02/22/2017 | 1 |
| 0431774421-02 | P.C. | KP Medical Care PC | 95831 | 10/31/2016 | 1 |
| 0431774421-02 | P.C. | KP Medical Care PC | 95833 | 10/31/2016 | 1 |
| 0431774421-02 | P.C. | KP Medical Care PC | 95831 | 11/22/2016 | 1 |
| 0431774421-02 | P.C. | KP Medical Care PC | 95833 | 11/22/2016 | 1 |
| 0431774421-02 | P.C. | KP Medical Care PC | 95831 | 01/10/2017 | 1 |
| 0431774421-02 | P.C. | KP Medical Care PC | 95833 | 01/10/2017 | 1 |
| 0431774421-03 | D.S. | KP Medical Care PC | 95831 | 10/31/2016 | 1 |
| 0431774421-03 | D.S. | KP Medical Care PC | 95833 | 10/31/2016 | 1 |
| 0431774421-03 | D.S. | KP Medical Care PC | 95831 | 12/01/2016 | 1 |
| 0431774421-03 | D.S. | KP Medical Care PC | 95833 | 12/01/2016 | 1 |
| 0431774421-04 | M.J. | KP Medical Care PC | 95831 | 11/22/2016 | 1 |
| 0431774421-04 | M.J. | KP Medical Care PC | 95833 | 11/22/2016 | 1 |
| 0431774421-05 | M.T. | KP Medical Care PC | 95831 | 12/12/2016 | 1 |
| 0431774421-05 | M.T. | KP Medical Care PC | 95833 | 12/12/2016 | 1 |
| 0431774421-05 | M.T. | KP Medical Care PC | 95831 | 01/10/2017 | 1 |
| 0431774421-05 | M.T. | KP Medical Care PC | 95833 | 01/10/2017 | 1 |
| 0431774421-05 | M.T. | KP Medical Care PC | 95833 | 02/20/2017 | 1 |
| 0411304496-01 | I.L. | PFJ Medical Care PC | 95831 | 05/05/2016 | 1 |
| 0411304496-01 | I.L. | PFJ Medical Care PC | 95833 | 05/05/2016 | 1 |
| 0411304496-01 | I.L. | PFJ Medical Care PC | 95831 | 06/10/2016 | 1 |
| 0411304496-01 | I.L. | PFJ Medical Care PC | 95833 | 06/10/2016 | 1 |
| 0411304496-02 | J.L. | PFJ Medical Care PC | 95831 | 06/10/2016 | 1 |
| 0411304496-02 | J.L. | PFJ Medical Care PC | 95833 | 06/10/2016 | 1 |
| 0411304496-02 | J.L. | PFJ Medical Care PC | 95831 | 09/07/2016 | 1 |
| 0411304496-02 | J.L. | PFJ Medical Care PC | 95833 | 09/07/2016 | 1 |

EXHIBIT “19”

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Physical Capacity Testing Billed under
Billing Code 97750</p> | | | | | |
|---|------------------------------|---------------------------|----------------------------------|-----------------------------|-----------------------|
| Claim No. | Claimant
Initials | Provider | Billing
Code
Used | Dates of
Service | # of
Units |
| 0374124246-03 | P.G. | Allay Medical Services PC | 97750 | 07/27/2015 | 1 |
| 0374512275-02 | B.S. | Allay Medical Services PC | 97750 | 07/27/2015 | 1 |
| 0374512275-02 | B.S. | Allay Medical Services PC | 97750 | 08/27/2015 | 1 |
| 0374512275-02 | B.S. | Allay Medical Services PC | 97750 | 12/15/2015 | 1 |
| 0374512275-03 | Z.S. | Allay Medical Services PC | 97750 | 07/22/2015 | 1 |
| 0374512275-03 | Z.S. | Allay Medical Services PC | 97750 | 08/27/2015 | 1 |
| 0374512275-03 | Z.S. | Allay Medical Services PC | 97750 | 10/12/2015 | 1 |
| 0374512275-03 | Z.S. | Allay Medical Services PC | 97750 | 12/15/2015 | 1 |
| 0374553048-02 | E.F. | Allay Medical Services PC | 97750 | 08/10/2015 | 1 |
| 0374553048-02 | E.F. | Allay Medical Services PC | 97750 | 09/02/2015 | 1 |
| 0374553048-02 | E.F. | Allay Medical Services PC | 97750 | 10/15/2015 | 1 |
| 0374553048-02 | E.F. | Allay Medical Services PC | 97750 | 11/30/2015 | 1 |
| 0380809228-02 | C.A. | Allay Medical Services PC | 97750 | 11/24/2015 | 1 |
| 0380809228-02 | C.A. | Allay Medical Services PC | 97750 | 12/22/2015 | 1 |
| 0380809228-02 | C.A. | Allay Medical Services PC | 97750 | 12/22/2015 | 1 |
| 0380809228-05 | T.T. | Allay Medical Services PC | 97750 | 09/08/2015 | 1 |
| 0380809228-05 | T.T. | Allay Medical Services PC | 97750 | 10/26/2015 | 1 |
| 0380809228-06 | C.D. | Allay Medical Services PC | 97750 | 08/25/2015 | 1 |
| 0380809228-07 | B.G. | Allay Medical Services PC | 97750 | 10/15/2015 | 1 |
| 0380809228-07 | B.G. | Allay Medical Services PC | 97750 | 12/01/2015 | 1 |
| 0411304496-01 | I.L. | Allay Medical Services PC | 97750 | 10/27/2016 | 1 |
| 0431774421-01 | J.C. | Allay Medical Services PC | 97750 | 10/27/2016 | 1 |
| 0446478414-02 | B.M. | JPF Medical Services PC | 97750 | 03/17/2017 | 1 |
| 0431774421-01 | J.C. | KP Medical Care PC | 97750 | 01/03/2017 | 1 |
| 0431774421-01 | J.C. | KP Medical Care PC | 97750 | 02/27/2017 | 1 |
| 0431774421-02 | P.C. | KP Medical Care PC | 97750 | 11/14/2016 | 1 |
| 0431774421-02 | P.C. | KP Medical Care PC | 97750 | 01/23/2017 | 1 |
| 0431774421-03 | D.S. | KP Medical Care PC | 97750 | 01/10/2017 | 1 |
| 0431774421-03 | D.S. | KP Medical Care PC | 97750 | 02/13/2017 | 1 |
| 0431774421-04 | M.J. | KP Medical Care PC | 97750 | 01/10/2017 | 1 |
| 0431774421-05 | M.T. | KP Medical Care PC | 97750 | 12/19/2016 | 1 |
| 0431774421-05 | M.T. | KP Medical Care PC | 97750 | 01/23/2017 | 1 |
| 0434546750-11 | E.I. | KP Medical Care PC | 97750 | 11/17/2016 | 1 |
| 0434546750-11 | E.I. | KP Medical Care PC | 97750 | 12/19/2016 | 1 |
| 0374512275-02 | B.S. | Ksenia Pavlova DO | 97750 | 10/05/2015 | 1 |
| 0374512275-03 | Z.S. | Ksenia Pavlova DO | 97750 | 09/22/2015 | 1 |
| 0374512275-03 | Z.S. | Ksenia Pavlova DO | 97750 | 09/22/2015 | 1 |
| 0374553048-02 | E.F. | Ksenia Pavlova DO | 97750 | 07/14/2015 | 1 |
| 0380809228-02 | C.A. | Ksenia Pavlova DO | 97750 | 10/08/2015 | 1 |
| 0431774421-02 | P.C. | Ksenia Pavlova DO | 97750 | 10/13/2016 | 1 |
| 0431774421-03 | D.S. | Ksenia Pavlova DO | 97750 | 10/13/2016 | 1 |

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Physical Capacity Testing Billed under
Billing Code 97750</p> | | | | | |
|---|------------------------------|---------------------|----------------------------------|-----------------------------|-----------------------|
| Claim No. | Claimant
Initials | Provider | Billing
Code
Used | Dates of
Service | # of
Units |
| 0431774421-04 | M.J. | Ksenia Pavlova DO | 97750 | 10/13/2016 | 1 |
| 0431774421-05 | M.T. | Ksenia Pavlova DO | 97750 | 10/13/2016 | 1 |
| 0431774421-05 | M.T. | Ksenia Pavlova DO | 97750 | 02/27/2017 | 1 |
| 0411304496-01 | I.L. | PFJ Medical Care PC | 97750 | 05/12/2016 | 1 |
| 0411304496-01 | I.L. | PFJ Medical Care PC | 97750 | 06/15/2016 | 1 |

EXHIBIT “20”

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Physical Capacity Testing Billed under Billing Codes 95831, 95833, and/or 95851 Within 30 Days of another Physical Capacity Test</p> | | | | | |
|--|--------------------------|---------------------------|--------------------------|-------------------------|-------------------|
| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
| 0374512275-03 | Z.S. | Allay Medical Services PC | 95831 | 09/14/2015 | 1 |
| 0374512275-03 | Z.S. | Allay Medical Services PC | 95833 | 09/14/2015 | 1 |
| 0374512275-03 | Z.S. | Allay Medical Services PC | 95851 | 09/14/2015 | 1 |
| 0374553048-02 | E.F. | Allay Medical Services PC | 95831 | 08/12/2015 | 1 |
| 0374553048-02 | E.F. | Allay Medical Services PC | 95833 | 08/12/2015 | 1 |
| 0374553048-02 | E.F. | Allay Medical Services PC | 95851 | 08/12/2015 | 1 |
| 0374553048-02 | E.F. | Allay Medical Services PC | 95833 | 11/16/2015 | 1 |
| 0374553048-02 | E.F. | Allay Medical Services PC | 95831 | 11/16/2015 | 1 |
| 0374553048-02 | E.F. | Allay Medical Services PC | 95851 | 11/16/2015 | 1 |
| 0431774421-02 | P.C. | KP Medical Care PC | 95831 | 11/22/2016 | 1 |
| 0431774421-02 | P.C. | KP Medical Care PC | 95833 | 11/22/2016 | 1 |
| 0431774421-02 | P.C. | KP Medical Care PC | 95851 | 11/22/2016 | 1 |
| 0431774421-03 | D.S. | KP Medical Care PC | 95831 | 01/23/2017 | 1 |
| 0431774421-03 | D.S. | KP Medical Care PC | 95833 | 01/23/2017 | 1 |
| 0431774421-03 | D.S. | KP Medical Care PC | 95851 | 01/23/2017 | 1 |
| 0431774421-04 | M.J. | KP Medical Care PC | 95831 | 01/23/2017 | 1 |
| 0431774421-04 | M.J. | KP Medical Care PC | 95833 | 01/23/2017 | 1 |
| 0431774421-04 | M.J. | KP Medical Care PC | 95851 | 01/23/2017 | 1 |
| 0431774421-05 | M.T. | KP Medical Care PC | 95831 | 01/10/2017 | 1 |
| 0431774421-05 | M.T. | KP Medical Care PC | 95833 | 01/10/2017 | 1 |
| 0431774421-05 | M.T. | KP Medical Care PC | 95851 | 01/10/2017 | 1 |
| 0431774421-05 | M.T. | KP Medical Care PC | 95833 | 02/20/2017 | 1 |
| 0431774421-05 | M.T. | KP Medical Care PC | 95851 | 02/20/2017 | 1 |
| 0431774421-05 | M.T. | KP Medical Care PC | 95831 | 02/20/2017 | 1 |
| 0434546750-11 | E.I. | KP Medical Care PC | 95831 | 12/12/2016 | 1 |
| 0434546750-11 | E.I. | KP Medical Care PC | 95833 | 12/12/2016 | 1 |
| 0434546750-11 | E.I. | KP Medical Care PC | 95851 | 12/12/2016 | 1 |
| 0374512275-03 | Z.S. | Ksenia Pavlova DO | 95831 | 10/05/2015 | 1 |
| 0374512275-03 | Z.S. | Ksenia Pavlova DO | 95833 | 10/05/2015 | 1 |
| 0374512275-03 | Z.S. | Ksenia Pavlova DO | 95851 | 10/05/2015 | 1 |
| 0411304496-01 | I.L. | PFJ Medical Care PC | 95831 | 06/10/2016 | 1 |
| 0411304496-01 | I.L. | PFJ Medical Care PC | 95833 | 06/10/2016 | 1 |
| 0411304496-01 | I.L. | PFJ Medical Care PC | 95851 | 06/10/2016 | 1 |

EXHIBIT “21”

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Physical Capacity Testing Billed under Billing Codes 97001 and/or 97002</p> | | | | | |
|---|--------------------------|---------------------------|--------------------------|-------------------------|-------------------|
| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
| 0374512275-03 | Z.S. | Allay Medical Services PC | 97002 | 12/15/2015 | 1 |
| 0380809228-02 | C.A. | Allay Medical Services PC | 97001 | 08/19/2015 | 1 |
| 0380809228-05 | T.T. | Allay Medical Services PC | 97001 | 08/17/2015 | 1 |
| 0380809228-06 | C.D. | Allay Medical Services PC | 97001 | 08/17/2015 | 1 |
| 0380809228-07 | B.G. | Allay Medical Services PC | 97001 | 08/17/2015 | 1 |
| 0246761522-01 | D.H. | Maria Shiela Masigla PT | 97001 | 06/04/2012 | 1 |
| 0247042302-01 | B.B. | Maria Shiela Masigla PT | 97001 | 06/28/2012 | 1 |
| 0247385354-01 | J.E. | Maria Shiela Masigla PT | 97001 | 06/07/2012 | 1 |
| 0247385354-03 | L.B. | Maria Shiela Masigla PT | 97001 | 06/07/2012 | 1 |
| 0247385354-04 | R.K. | Maria Shiela Masigla PT | 97001 | 06/07/2012 | 1 |
| 0247385354-05 | R.I. | Maria Shiela Masigla PT | 97001 | 06/07/2012 | 1 |
| 0248229486-03 | S.M. | Maria Shiela Masigla PT | 97001 | 06/18/2012 | 1 |
| 0248229486-05 | T.M. | Maria Shiela Masigla PT | 97001 | 06/18/2012 | 1 |
| 0249232133-03 | M.M. | Maria Shiela Masigla PT | 97001 | 06/27/2012 | 1 |
| 0250464211-01 | O.S. | Maria Shiela Masigla PT | 97001 | 05/30/2012 | 1 |
| 0252361290-05 | G.T. | Maria Shiela Masigla PT | 97001 | 08/15/2012 | 1 |
| 0253727044-04 | D.M. | Maria Shiela Masigla PT | 97001 | 07/03/2012 | 1 |
| 0253727044-14 | M.B. | Maria Shiela Masigla PT | 97001 | 07/30/2012 | 1 |
| 0256679861-07 | S.C. | Maria Shiela Masigla PT | 97001 | 08/29/2012 | 1 |
| 0257961391-07 | M.P. | Maria Shiela Masigla PT | 97001 | 08/27/2012 | 1 |
| 0257961391-13 | J.J. | Maria Shiela Masigla PT | 97001 | 08/27/2012 | 1 |
| 0259040152-03 | R.J. | Maria Shiela Masigla PT | 97001 | 09/20/2012 | 1 |
| 0259681756-03 | T.P. | Maria Shiela Masigla PT | 97001 | 09/24/2012 | 1 |
| 0259686599-02 | D.R. | Maria Shiela Masigla PT | 97001 | 09/19/2012 | 1 |
| 0259686599-03 | V.C. | Maria Shiela Masigla PT | 97001 | 09/19/2012 | 1 |
| 0259686599-07 | L.C. | Maria Shiela Masigla PT | 97001 | 09/21/2012 | 1 |
| 0260066378-01 | S.R. | Maria Shiela Masigla PT | 97001 | 09/25/2012 | 1 |
| 0260066378-05 | F.C. | Maria Shiela Masigla PT | 97001 | 09/25/2012 | 1 |
| 0261148811-03 | E.C. | Maria Shiela Masigla PT | 97001 | 09/20/2012 | 1 |
| 0268725595-01 | J.B. | Maria Shiela Masigla PT | 97001 | 12/03/2012 | 1 |
| 0268725595-04 | N.A. | Maria Shiela Masigla PT | 97001 | 12/05/2012 | 1 |
| 0269624242-03 | O.C. | Maria Shiela Masigla PT | 97001 | 12/12/2012 | 1 |
| 0280378084-12 | C.G. | Maria Shiela Masigla PT | 97001 | 04/11/2013 | 1 |
| 0283577740-02 | J.A. | Maria Shiela Masigla PT | 97001 | 04/22/2013 | 1 |
| 0283577740-03 | M.M. | Maria Shiela Masigla PT | 97001 | 04/22/2013 | 1 |
| 0284992970-03 | A.F. | Maria Shiela Masigla PT | 97001 | 05/17/2013 | 1 |
| 0288265572-02 | A.F. | Maria Shiela Masigla PT | 97001 | 05/17/2013 | 1 |
| 0288265572-02 | A.F. | Maria Shiela Masigla PT | 97001 | 05/17/2013 | 1 |
| 0476244595-03 | J.M. | Maria Shiela Masigla PT | 97001 | 10/20/2017 | 1 |
| 0478186786-08 | S.P. | Maria Shiela Masigla PT | 97002 | 01/22/2018 | 1 |
| 0482079902-02 | S.B. | Maria Shiela Masigla PT | 97001 | 11/14/2017 | 1 |

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Physical Capacity Testing Billed under Billing Codes 97001 and/or 97002</p> | | | | | |
|---|--------------------------|-------------------------|--------------------------|-------------------------|-------------------|
| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
| 0492252812-02 | S.B. | Maria Shiela Masigla PT | 97001 | 02/23/2018 | 1 |
| 0492252812-02 | S.B. | Maria Shiela Masigla PT | 97002 | 05/07/2018 | 1 |
| 0496020934-01 | E.D. | Maria Shiela Masigla PT | 97001 | 03/26/2018 | 1 |
| 0496020934-04 | J.N. | Maria Shiela Masigla PT | 97001 | 03/26/2018 | 1 |
| 0505336941-02 | P.G. | Maria Shiela Masigla PT | 97001 | 06/08/2018 | 1 |
| 0505336941-05 | E.K. | Maria Shiela Masigla PT | 97001 | 06/08/2018 | 1 |
| 0374512275-02 | B.S. | MSB Physical Therapy PC | 97002 | 12/19/2016 | 1 |
| 0411304496-01 | I.L. | MSB Physical Therapy PC | 97002 | 10/19/2016 | 1 |
| 0411304496-02 | J.L. | MSB Physical Therapy PC | 97002 | 10/19/2016 | 1 |
| 0431774421-01 | J.C. | MSB Physical Therapy PC | 97001 | 10/07/2016 | 1 |
| 0431774421-02 | P.C. | MSB Physical Therapy PC | 97001 | 10/07/2016 | 1 |
| 0431774421-02 | P.C. | MSB Physical Therapy PC | 97002 | 11/01/2016 | 1 |
| 0431774421-02 | P.C. | MSB Physical Therapy PC | 97002 | 12/14/2016 | 1 |
| 0431774421-03 | D.S. | MSB Physical Therapy PC | 97002 | 11/18/2016 | 1 |
| 0431774421-04 | M.J. | MSB Physical Therapy PC | 97001 | 10/07/2016 | 1 |
| 0431774421-04 | M.J. | MSB Physical Therapy PC | 97002 | 11/01/2016 | 1 |
| 0431774421-04 | M.J. | MSB Physical Therapy PC | 97002 | 12/14/2016 | 1 |
| 0431774421-05 | M.T. | MSB Physical Therapy PC | 97001 | 10/07/2016 | 1 |
| 0431774421-05 | M.T. | MSB Physical Therapy PC | 97002 | 11/01/2016 | 1 |
| 0434546750-02 | S.B. | MSB Physical Therapy PC | 97001 | 10/24/2016 | 1 |
| 0434546750-02 | S.B. | MSB Physical Therapy PC | 97002 | 12/07/2016 | 1 |
| 0434546750-11 | E.I. | MSB Physical Therapy PC | 97001 | 10/24/2016 | 1 |
| 0434546750-11 | E.I. | MSB Physical Therapy PC | 97002 | 11/17/2016 | 1 |
| 0436499486-02 | S.M. | MSB Physical Therapy PC | 97001 | 11/18/2016 | 1 |
| 0595435132-01 | K.F. | MSB Physical Therapy PC | 97001 | 08/17/2020 | 1 |
| 0597828532-02 | A.P. | MSB Physical Therapy PC | 97001 | 08/18/2020 | 1 |
| 0411304496-01 | I.L. | PFJ Medical Care PC | 97002 | 09/08/2016 | 1 |
| 0411304496-02 | J.L. | PFJ Medical Care PC | 97002 | 09/08/2016 | 1 |

EXHIBIT “22”

Allstate Ins. Co., et al. v. Rybak, et al.

Representative Sample of Fraudulent Claims for Somatosensory Evoked Potentials Testing Billed under Codes 95925 and/or 95926

| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
|------------------|--------------------------|---|--------------------------|-------------------------|-------------------|
| 0512214957-01 | R.D. | Alford A Smith MD PC | 95926 | 11/29/2018 | 1 |
| 0374512275-02 | B.S. | Allay Medical Services PC | 95926 | 07/16/2015 | 1 |
| 0374512275-03 | Z.S. | Allay Medical Services PC | 95926 | 07/17/2015 | 1 |
| 0374512275-03 | Z.S. | Allay Medical Services PC | 95926 | 07/16/2015 | 1 |
| 0374512275-03 | Z.S. | Allay Medical Services PC | 95926 | 07/17/2015 | 1 |
| 0374553048-02 | E.F. | Allay Medical Services PC | 95926 | 07/13/2015 | 1 |
| 0380809228-02 | C.A. | Allay Medical Services PC | 95926 | 09/04/2015 | 1 |
| 0380809228-02 | C.A. | Allay Medical Services PC | 95925 | 09/03/2015 | 1 |
| 0380809228-05 | T.T. | Allay Medical Services PC | 95925 | 08/31/2015 | 1 |
| 0380809228-05 | T.T. | Allay Medical Services PC | 95926 | 09/08/2015 | 1 |
| 0380809228-06 | C.D. | Allay Medical Services PC | 95925 | 09/08/2015 | 1 |
| 0380809228-07 | B.G. | Allay Medical Services PC | 95925 | 09/25/2015 | 1 |
| 0380809228-07 | B.G. | Allay Medical Services PC | 95925 | 09/25/2015 | 1 |
| 0431774421-01 | J.C. | Allay Medical Services PC | 95926 | 10/27/2016 | 1 |
| 0431774421-04 | M.J. | Allay Medical Services PC | 95926 | 10/24/2016 | 1 |
| 0342499539-01 | J.R. | Francis Joseph Lacina MD | 95926 | 01/19/2015 | 1 |
| 0431774421-02 | P.C. | KP Medical Care PC | 95926 | 10/31/2016 | 1 |
| 0434546750-02 | S.B. | KP Medical Care PC | 95926 | 11/03/2016 | 1 |
| 0434546750-02 | S.B. | KP Medical Care PC | 95926 | 10/31/2016 | 1 |
| 0434546750-11 | E.I. | KP Medical Care PC | 95926 | 11/15/2016 | 1 |
| 0434546750-11 | E.I. | KP Medical Care PC | 95926 | 11/15/2016 | 1 |
| 0436499486-02 | S.M. | KP Medical Care PC | 95926 | 11/28/2016 | 1 |
| 0436499486-02 | S.M. | KP Medical Care PC | 95926 | 12/07/2016 | 1 |
| 0374553048-02 | E.F. | Ksenia Pavlova DO | 95926 | 07/23/2015 | 1 |
| 0380809228-07 | B.G. | Ksenia Pavlova DO | 95926 | 10/15/2015 | 1 |
| 0431774421-03 | D.S. | Ksenia Pavlova DO | 95926 | 10/17/2016 | 1 |
| 0431774421-05 | M.T. | Ksenia Pavlova DO | 95926 | 10/17/2016 | 1 |
| 0342499539-01 | J.R. | Island Life Chiropractic Pain Care PLLC | 95925 | 01/20/2015 | 1 |
| 0342499539-01 | J.R. | Island Life Chiropractic Pain Care PLLC | 95926 | 01/20/2015 | 1 |
| 0411304496-01 | I.L. | PFJ Medical Care PC | 95926 | 05/16/2016 | 1 |
| 0411304496-01 | I.L. | PFJ Medical Care PC | 95926 | 06/01/2016 | 1 |

EXHIBIT “23”

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Trigger Point Injections and Dry Needling
under Billing Codes 20552, 20553 and 20999</p> | | | | | |
|--|--------------------------|---------------------------|--------------------------|-------------------------|-------------------|
| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
| 0368003091-06 | E.J. | Allay Medical Services PC | 20553 | 12/09/2015 | 1 |
| 0368003091-06 | E.J. | Allay Medical Services PC | 20999 | 12/09/2015 | 2 |
| 0374512275-02 | B.S. | Allay Medical Services PC | 20553 | 12/03/2015 | 1 |
| 0374512275-02 | B.S. | Allay Medical Services PC | 20999 | 12/03/2015 | 2 |
| 0375170644-02 | M.R. | Allay Medical Services PC | 20553 | 08/27/2015 | 1 |
| 0375170644-02 | M.R. | Allay Medical Services PC | 20999 | 08/27/2015 | 2 |
| 0376459327-01 | R.G. | Allay Medical Services PC | 20553 | 08/24/2015 | 1 |
| 0376459327-01 | R.G. | Allay Medical Services PC | 20999 | 08/24/2015 | 2 |
| 0376459327-01 | R.G. | Allay Medical Services PC | 20553 | 11/19/2015 | 1 |
| 0376459327-01 | R.G. | Allay Medical Services PC | 20999 | 11/19/2015 | 2 |
| 0376459327-01 | R.G. | Allay Medical Services PC | 20553 | 12/03/2015 | 1 |
| 0376459327-01 | R.G. | Allay Medical Services PC | 20999 | 12/03/2015 | 2 |
| 0376459327-01 | R.G. | Allay Medical Services PC | 20553 | 12/17/2015 | 1 |
| 0376459327-01 | R.G. | Allay Medical Services PC | 20999 | 12/17/2015 | 2 |
| 0377982285-02 | Z.B. | Allay Medical Services PC | 20553 | 08/25/2015 | 1 |
| 0377982285-02 | Z.B. | Allay Medical Services PC | 20999 | 08/25/2015 | 2 |
| 0383954005-01 | R.S. | Allay Medical Services PC | 20553 | 10/22/2015 | 1 |
| 0383954005-01 | R.S. | Allay Medical Services PC | 20999 | 10/22/2015 | 2 |
| 0386951981-02 | T.U. | Allay Medical Services PC | 20553 | 10/13/2015 | 1 |
| 0386951981-02 | T.U. | Allay Medical Services PC | 20999 | 10/13/2015 | 2 |
| 0387559552-01 | D.D. | Allay Medical Services PC | 20553 | 10/19/2015 | 1 |
| 0387559552-01 | D.D. | Allay Medical Services PC | 20999 | 10/19/2015 | 2 |
| 0388149213-04 | M.C. | Allay Medical Services PC | 20553 | 10/27/2015 | 1 |
| 0388149213-04 | M.C. | Allay Medical Services PC | 20999 | 10/27/2015 | 2 |
| 0389975136-01 | J.S. | Allay Medical Services PC | 20553 | 11/04/2015 | 1 |
| 0389975136-01 | J.S. | Allay Medical Services PC | 20999 | 11/04/2015 | 2 |
| 0391142502-07 | A.F. | Allay Medical Services PC | 20553 | 11/09/2015 | 1 |
| 0391142502-07 | A.F. | Allay Medical Services PC | 20999 | 11/09/2015 | 2 |
| 0391142502-07 | A.F. | Allay Medical Services PC | 20553 | 11/16/2015 | 1 |
| 0391142502-07 | A.F. | Allay Medical Services PC | 20999 | 11/16/2015 | 2 |
| 0391142502-07 | A.F. | Allay Medical Services PC | 20553 | 12/07/2015 | 1 |
| 0391142502-07 | A.F. | Allay Medical Services PC | 20999 | 12/07/2015 | 2 |
| 0391445368-01 | B.C. | Allay Medical Services PC | 20553 | 12/10/2015 | 1 |
| 0391445368-01 | B.C. | Allay Medical Services PC | 20999 | 12/10/2015 | 2 |
| 0391674355-01 | A.F. | Allay Medical Services PC | 20553 | 12/11/2015 | 1 |
| 0391674355-01 | A.F. | Allay Medical Services PC | 20999 | 12/11/2015 | 2 |
| 0391698619-01 | D.L. | Allay Medical Services PC | 20553 | 12/23/2015 | 1 |
| 0391698619-01 | D.L. | Allay Medical Services PC | 20999 | 12/23/2015 | 2 |
| 0393580955-02 | M.L. | Allay Medical Services PC | 20553 | 12/15/2015 | 1 |
| 0393580955-02 | M.L. | Allay Medical Services PC | 20999 | 12/15/2015 | 2 |
| 0393819305-01 | A.C. | Allay Medical Services PC | 20553 | 12/10/2015 | 1 |

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Trigger Point Injections and Dry Needling
under Billing Codes 20552, 20553 and 20999</p> | | | | | |
|--|------------------------------|---------------------------|----------------------------------|-----------------------------|-----------------------|
| Claim No. | Claimant
Initials | Provider | Billing
Code
Used | Dates of
Service | # of
Units |
| 0393819305-01 | A.C. | Allay Medical Services PC | 20999 | 12/10/2015 | 2 |
| 0393819305-02 | L.C. | Allay Medical Services PC | 20553 | 12/10/2015 | 1 |
| 0393819305-02 | L.C. | Allay Medical Services PC | 20999 | 12/10/2015 | 2 |
| 0394803431-02 | A.D. | Allay Medical Services PC | 20553 | 12/29/2015 | 1 |
| 0394803431-02 | A.D. | Allay Medical Services PC | 20999 | 12/29/2015 | 2 |
| 0431774421-02 | P.C. | Allay Medical Services PC | 20552 | 10/24/2016 | 1 |
| 0431774421-02 | P.C. | Allay Medical Services PC | 20999 | 10/24/2016 | 2 |
| 0462711755-01 | D.L. | FJL Medical Services PC | 20553 | 07/20/2017 | 1 |
| 0462711755-01 | D.L. | FJL Medical Services PC | 20999 | 07/20/2017 | 2 |
| 0462711755-07 | E.S. | FJL Medical Services PC | 20553 | 07/20/2017 | 1 |
| 0462711755-07 | E.S. | FJL Medical Services PC | 20999 | 07/20/2017 | 2 |
| 0462711755-08 | R.P. | FJL Medical Services PC | 20553 | 07/20/2017 | 1 |
| 0462711755-08 | R.P. | FJL Medical Services PC | 20999 | 07/20/2017 | 2 |
| 0342499539-01 | J.R. | Francis Joseph Lacina MD | 20553 | 01/19/2015 | 1 |
| 0342499539-01 | J.R. | Francis Joseph Lacina MD | 20999 | 01/19/2015 | 2 |
| 0398385996-02 | F.P. | Francis Joseph Lacina MD | 20553 | 01/15/2016 | 1 |
| 0398385996-02 | F.P. | Francis Joseph Lacina MD | 20999 | 01/15/2016 | 2 |
| 0431774421-04 | M.J. | JFL Medical Care PC | 20553 | 02/01/2017 | 1 |
| 0431774421-04 | M.J. | JFL Medical Care PC | 20999 | 02/01/2017 | 2 |
| 0434704607-09 | D.T. | JFL Medical Care PC | 20553 | 11/23/2016 | 1 |
| 0434704607-09 | D.T. | JFL Medical Care PC | 20999 | 11/23/2016 | 2 |
| 0367613387-01 | T.G. | JPF Medical Services PC | 20553 | 10/25/2016 | 1 |
| 0367613387-01 | T.G. | JPF Medical Services PC | 20999 | 10/25/2016 | 2 |
| 0367613387-01 | T.G. | JPF Medical Services PC | 20553 | 11/01/2016 | 1 |
| 0367613387-01 | T.G. | JPF Medical Services PC | 20999 | 11/01/2016 | 2 |
| 0367613387-02 | M.J. | JPF Medical Services PC | 20553 | 11/08/2016 | 1 |
| 0367613387-02 | M.J. | JPF Medical Services PC | 20999 | 11/08/2016 | 2 |
| 0393570304-01 | C.R. | JPF Medical Services PC | 20553 | 09/16/2016 | 1 |
| 0393570304-01 | C.R. | JPF Medical Services PC | 20999 | 09/16/2016 | 2 |
| 0395201676-02 | F.M. | JPF Medical Services PC | 20553 | 09/30/2016 | 1 |
| 0395201676-02 | F.M. | JPF Medical Services PC | 20999 | 09/30/2016 | 2 |
| 0395201676-02 | F.M. | JPF Medical Services PC | 20553 | 10/21/2016 | 1 |
| 0395201676-02 | F.M. | JPF Medical Services PC | 20999 | 10/21/2016 | 1 |
| 0405231143-01 | C.A. | JPF Medical Services PC | 20553 | 09/23/2016 | 1 |
| 0405231143-01 | C.A. | JPF Medical Services PC | 20999 | 09/23/2016 | 2 |
| 0415767268-02 | Y.E. | JPF Medical Services PC | 20553 | 10/25/2016 | 1 |
| 0415767268-02 | Y.E. | JPF Medical Services PC | 20999 | 10/25/2016 | 2 |
| 0420467748-02 | L.H. | JPF Medical Services PC | 20553 | 10/04/2016 | 1 |
| 0420467748-02 | L.H. | JPF Medical Services PC | 20999 | 10/04/2016 | 2 |
| 0422068007-01 | S.J. | JPF Medical Services PC | 20553 | 01/30/2017 | 1 |
| 0422068007-01 | S.J. | JPF Medical Services PC | 20999 | 01/30/2017 | 2 |

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Trigger Point Injections and Dry Needling
under Billing Codes 20552, 20553 and 20999</p> | | | | | |
|--|--------------------------|-------------------------|--------------------------|-------------------------|-------------------|
| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
| 0422413260-02 | N.R. | JPF Medical Services PC | 20553 | 11/01/2016 | 1 |
| 0422413260-02 | N.R. | JPF Medical Services PC | 20999 | 11/01/2016 | 2 |
| 0427219795-03 | J.B. | JPF Medical Services PC | 20553 | 10/25/2016 | 1 |
| 0427219795-03 | J.B. | JPF Medical Services PC | 20999 | 10/25/2016 | 2 |
| 0427219795-03 | J.B. | JPF Medical Services PC | 20553 | 11/01/2016 | 1 |
| 0427219795-03 | J.B. | JPF Medical Services PC | 20999 | 11/01/2016 | 2 |
| 0427531546-05 | T.K. | JPF Medical Services PC | 20553 | 09/27/2016 | 1 |
| 0427531546-05 | T.K. | JPF Medical Services PC | 20999 | 09/27/2016 | 2 |
| 0427531546-05 | T.K. | JPF Medical Services PC | 20553 | 10/04/2016 | 1 |
| 0427531546-05 | T.K. | JPF Medical Services PC | 20999 | 10/04/2016 | 2 |
| 0427531546-05 | T.K. | JPF Medical Services PC | 20553 | 10/25/2016 | 1 |
| 0427531546-05 | T.K. | JPF Medical Services PC | 20999 | 10/25/2016 | 2 |
| 0427531546-05 | T.K. | JPF Medical Services PC | 20553 | 11/01/2016 | 1 |
| 0427531546-05 | T.K. | JPF Medical Services PC | 20999 | 11/01/2016 | 2 |
| 0427531546-05 | T.K. | JPF Medical Services PC | 20553 | 12/08/2016 | 1 |
| 0427531546-05 | T.K. | JPF Medical Services PC | 20999 | 12/08/2016 | 2 |
| 0429945370-01 | D.B. | JPF Medical Services PC | 20553 | 10/04/2016 | 1 |
| 0429945370-01 | D.B. | JPF Medical Services PC | 20999 | 10/04/2016 | 2 |
| 0429945370-01 | D.B. | JPF Medical Services PC | 20553 | 11/09/2016 | 1 |
| 0429945370-01 | D.B. | JPF Medical Services PC | 20999 | 11/09/2016 | 2 |
| 0433530375-01 | R.M. | JPF Medical Services PC | 20553 | 11/03/2016 | 1 |
| 0433530375-01 | R.M. | JPF Medical Services PC | 20999 | 11/03/2016 | 2 |
| 0433530375-01 | R.M. | JPF Medical Services PC | 20553 | 11/29/2016 | 1 |
| 0433530375-01 | R.M. | JPF Medical Services PC | 20999 | 11/29/2016 | 2 |
| 0434196456-02 | J.R. | JPF Medical Services PC | 20553 | 01/10/2017 | 1 |
| 0434196456-02 | J.R. | JPF Medical Services PC | 20999 | 01/10/2017 | 2 |
| 0434196456-02 | J.R. | JPF Medical Services PC | 20553 | 01/17/2017 | 1 |
| 0434196456-02 | J.R. | JPF Medical Services PC | 20999 | 01/17/2017 | 2 |
| 0434196456-02 | J.R. | JPF Medical Services PC | 20553 | 01/31/2017 | 1 |
| 0434196456-02 | J.R. | JPF Medical Services PC | 20999 | 01/31/2017 | 2 |
| 0434196456-02 | J.R. | JPF Medical Services PC | 20553 | 02/21/2017 | 1 |
| 0434196456-02 | J.R. | JPF Medical Services PC | 20999 | 02/21/2017 | 2 |
| 0434196456-02 | J.R. | JPF Medical Services PC | 20553 | 02/28/2017 | 1 |
| 0434196456-02 | J.R. | JPF Medical Services PC | 20999 | 02/28/2017 | 2 |
| 0435844709-01 | K.K. | JPF Medical Services PC | 20553 | 01/12/2017 | 1 |
| 0435844709-01 | K.K. | JPF Medical Services PC | 20999 | 01/12/2017 | 2 |
| 0435844709-01 | K.K. | JPF Medical Services PC | 20553 | 01/18/2017 | 1 |
| 0435844709-01 | K.K. | JPF Medical Services PC | 20999 | 01/18/2017 | 2 |
| 0435844709-01 | K.K. | JPF Medical Services PC | 20553 | 01/23/2017 | 1 |
| 0435844709-01 | K.K. | JPF Medical Services PC | 20999 | 01/23/2017 | 2 |
| 0435844709-01 | K.K. | JPF Medical Services PC | 20553 | 02/28/2017 | 1 |

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Trigger Point Injections and Dry Needling
under Billing Codes 20552, 20553 and 20999</p> | | | | | |
|--|------------------------------|-------------------------|----------------------------------|-----------------------------|-----------------------|
| Claim No. | Claimant
Initials | Provider | Billing
Code
Used | Dates of
Service | # of
Units |
| 0435844709-01 | K.K. | JPF Medical Services PC | 20999 | 02/28/2017 | 2 |
| 0435844709-01 | K.K. | JPF Medical Services PC | 20553 | 03/08/2017 | 1 |
| 0435844709-01 | K.K. | JPF Medical Services PC | 20999 | 03/08/2017 | 2 |
| 0435844709-02 | N.S. | JPF Medical Services PC | 20553 | 01/12/2017 | 1 |
| 0435844709-02 | N.S. | JPF Medical Services PC | 20999 | 01/12/2017 | 2 |
| 0435844709-02 | N.S. | JPF Medical Services PC | 20553 | 01/18/2017 | 1 |
| 0435844709-02 | N.S. | JPF Medical Services PC | 20999 | 01/18/2017 | 2 |
| 0435844709-02 | N.S. | JPF Medical Services PC | 20553 | 01/23/2017 | 1 |
| 0435844709-02 | N.S. | JPF Medical Services PC | 20999 | 01/23/2017 | 2 |
| 0435844709-02 | N.S. | JPF Medical Services PC | 20553 | 01/30/2017 | 1 |
| 0435844709-02 | N.S. | JPF Medical Services PC | 20999 | 01/30/2017 | 2 |
| 0435844709-02 | N.S. | JPF Medical Services PC | 20553 | 02/16/2017 | 1 |
| 0435844709-02 | N.S. | JPF Medical Services PC | 20999 | 02/16/2017 | 2 |
| 0435844709-02 | N.S. | JPF Medical Services PC | 20553 | 02/28/2017 | 1 |
| 0435844709-02 | N.S. | JPF Medical Services PC | 20999 | 02/28/2017 | 2 |
| 0435844709-02 | N.S. | JPF Medical Services PC | 20553 | 03/08/2017 | 1 |
| 0435844709-02 | N.S. | JPF Medical Services PC | 20999 | 03/08/2017 | 2 |
| 0436643688-01 | Y.R. | JPF Medical Services PC | 20553 | 11/29/2016 | 1 |
| 0436643688-01 | Y.R. | JPF Medical Services PC | 20999 | 11/29/2016 | 2 |
| 0436891501-03 | E.M. | JPF Medical Services PC | 20553 | 11/15/2016 | 1 |
| 0436891501-03 | E.M. | JPF Medical Services PC | 20999 | 11/15/2016 | 2 |
| 0436891501-03 | E.M. | JPF Medical Services PC | 20553 | 01/09/2017 | 1 |
| 0436891501-03 | E.M. | JPF Medical Services PC | 20999 | 01/09/2017 | 2 |
| 0437276942-04 | E.E. | JPF Medical Services PC | 20553 | 01/23/2017 | 1 |
| 0437276942-04 | E.E. | JPF Medical Services PC | 20999 | 01/23/2017 | 2 |
| 0437276942-04 | E.E. | JPF Medical Services PC | 20553 | 02/13/2017 | 1 |
| 0437276942-04 | E.E. | JPF Medical Services PC | 20999 | 02/13/2017 | 2 |
| 0437276942-05 | B.S. | JPF Medical Services PC | 20553 | 01/23/2017 | 1 |
| 0437276942-05 | B.S. | JPF Medical Services PC | 20999 | 01/23/2017 | 2 |
| 0437276942-05 | B.S. | JPF Medical Services PC | 20553 | 02/13/2017 | 1 |
| 0437276942-05 | B.S. | JPF Medical Services PC | 20999 | 02/13/2017 | 2 |
| 0437276942-05 | B.S. | JPF Medical Services PC | 20553 | 02/20/2017 | 1 |
| 0437276942-05 | B.S. | JPF Medical Services PC | 20999 | 02/20/2017 | 2 |
| 0437838963-01 | Y.R. | JPF Medical Services PC | 20553 | 11/29/2016 | 1 |
| 0437838963-01 | Y.R. | JPF Medical Services PC | 20999 | 11/29/2016 | 2 |
| 0438465858-01 | J.B. | JPF Medical Services PC | 20999 | 02/07/2017 | 2 |
| 0438482951-01 | J.B. | JPF Medical Services PC | 20999 | 02/07/2017 | 2 |
| 0440527661-01 | I.S. | JPF Medical Services PC | 20553 | 12/29/2016 | 1 |
| 0440527661-01 | I.S. | JPF Medical Services PC | 20999 | 12/29/2016 | 2 |
| 0440527661-01 | I.S. | JPF Medical Services PC | 20553 | 01/18/2017 | 1 |
| 0440527661-01 | I.S. | JPF Medical Services PC | 20999 | 01/18/2017 | 2 |

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Trigger Point Injections and Dry Needling
under Billing Codes 20552, 20553 and 20999</p> | | | | | |
|--|--------------------------|-------------------------|--------------------------|-------------------------|-------------------|
| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
| 0440527661-01 | I.S. | JPF Medical Services PC | 20553 | 01/31/2017 | 1 |
| 0440527661-01 | I.S. | JPF Medical Services PC | 20999 | 01/31/2017 | 2 |
| 0440527661-01 | I.S. | JPF Medical Services PC | 20553 | 02/08/2017 | 1 |
| 0440527661-01 | I.S. | JPF Medical Services PC | 20999 | 02/08/2017 | 2 |
| 0440527661-01 | I.S. | JPF Medical Services PC | 20553 | 02/14/2017 | 1 |
| 0440527661-01 | I.S. | JPF Medical Services PC | 20999 | 02/14/2017 | 2 |
| 0440527661-01 | I.S. | JPF Medical Services PC | 20553 | 02/21/2017 | 1 |
| 0440527661-01 | I.S. | JPF Medical Services PC | 20999 | 02/21/2017 | 2 |
| 0440527661-01 | I.S. | JPF Medical Services PC | 20553 | 03/01/2017 | 1 |
| 0440527661-01 | I.S. | JPF Medical Services PC | 20999 | 03/01/2017 | 2 |
| 0440527661-01 | I.S. | JPF Medical Services PC | 20553 | 03/08/2017 | 1 |
| 0440527661-01 | I.S. | JPF Medical Services PC | 20999 | 03/08/2017 | 2 |
| 0440527661-02 | S.S. | JPF Medical Services PC | 20553 | 01/31/2017 | 1 |
| 0440527661-02 | S.S. | JPF Medical Services PC | 20999 | 01/31/2017 | 2 |
| 0440527661-02 | S.S. | JPF Medical Services PC | 20553 | 02/08/2017 | 1 |
| 0440527661-02 | S.S. | JPF Medical Services PC | 20999 | 02/08/2017 | 2 |
| 0440527661-02 | S.S. | JPF Medical Services PC | 20553 | 02/14/2017 | 1 |
| 0440527661-02 | S.S. | JPF Medical Services PC | 20999 | 02/14/2017 | 2 |
| 0440527661-02 | S.S. | JPF Medical Services PC | 20553 | 02/21/2017 | 1 |
| 0440527661-02 | S.S. | JPF Medical Services PC | 20999 | 02/21/2017 | 2 |
| 0440527661-02 | S.S. | JPF Medical Services PC | 20553 | 03/08/2017 | 1 |
| 0440527661-02 | S.S. | JPF Medical Services PC | 20999 | 03/08/2017 | 2 |
| 0440997251-01 | S.M. | JPF Medical Services PC | 20553 | 02/28/2017 | 1 |
| 0440997251-01 | S.M. | JPF Medical Services PC | 20999 | 02/28/2017 | 2 |
| 0441447026-01 | B.R. | JPF Medical Services PC | 20553 | 01/24/2017 | 1 |
| 0441447026-01 | B.R. | JPF Medical Services PC | 20999 | 01/24/2017 | 2 |
| 0441447026-01 | B.R. | JPF Medical Services PC | 20553 | 02/21/2017 | 1 |
| 0441447026-01 | B.R. | JPF Medical Services PC | 20999 | 02/21/2017 | 2 |
| 0441447026-01 | B.R. | JPF Medical Services PC | 20553 | 02/28/2017 | 1 |
| 0441447026-01 | B.R. | JPF Medical Services PC | 20999 | 02/28/2017 | 2 |
| 0441699666-02 | L.G. | JPF Medical Services PC | 20553 | 01/25/2017 | 1 |
| 0441699666-02 | L.G. | JPF Medical Services PC | 20999 | 01/25/2017 | 2 |
| 0441699666-02 | L.G. | JPF Medical Services PC | 20553 | 03/08/2017 | 1 |
| 0441699666-02 | L.G. | JPF Medical Services PC | 20999 | 03/08/2017 | 2 |
| 0443460670-02 | K.T. | JPF Medical Services PC | 20553 | 01/31/2017 | 1 |
| 0443460670-02 | K.T. | JPF Medical Services PC | 20999 | 01/31/2017 | 2 |
| 0431774421-01 | J.C. | KP Medical Care PC | 20552 | 02/21/2017 | 1 |
| 0431774421-01 | J.C. | KP Medical Care PC | 20999 | 02/21/2017 | 2 |
| 0431774421-02 | P.C. | KP Medical Care PC | 20552 | 01/23/2017 | 1 |
| 0431774421-02 | P.C. | KP Medical Care PC | 20999 | 01/23/2017 | 2 |
| 0431774421-03 | D.S. | KP Medical Care PC | 20552 | 01/16/2017 | 1 |

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Trigger Point Injections and Dry Needling
under Billing Codes 20552, 20553 and 20999</p> | | | | | |
|--|------------------------------|--------------------|----------------------------------|-----------------------------|-----------------------|
| Claim No. | Claimant
Initials | Provider | Billing
Code
Used | Dates of
Service | # of
Units |
| 0431774421-03 | D.S. | KP Medical Care PC | 20999 | 01/16/2017 | 2 |
| 0431774421-04 | M.J. | KP Medical Care PC | 20552 | 01/23/2017 | 1 |
| 0431774421-04 | M.J. | KP Medical Care PC | 20999 | 01/23/2017 | 2 |
| 0431774421-05 | M.T. | KP Medical Care PC | 20552 | 11/07/2016 | 1 |
| 0431774421-05 | M.T. | KP Medical Care PC | 20999 | 11/07/2016 | 2 |
| 0431774421-05 | M.T. | KP Medical Care PC | 20552 | 01/23/2017 | 1 |
| 0431774421-05 | M.T. | KP Medical Care PC | 20999 | 01/23/2017 | 2 |
| 0431774421-05 | M.T. | KP Medical Care PC | 20552 | 02/20/2017 | 1 |
| 0431774421-05 | M.T. | KP Medical Care PC | 20999 | 02/20/2017 | 2 |
| 0436499486-02 | S.M. | KP Medical Care PC | 20552 | 12/15/2016 | 1 |
| 0436499486-02 | S.M. | KP Medical Care PC | 20999 | 12/15/2016 | 2 |
| 0436499486-02 | S.M. | KP Medical Care PC | 20552 | 01/20/2017 | 1 |
| 0436499486-02 | S.M. | KP Medical Care PC | 20999 | 01/20/2017 | 2 |
| 0284992970-03 | A.F. | Ksenia Pavlova DO | 20553 | 09/30/2013 | 1 |
| 0284992970-03 | A.F. | Ksenia Pavlova DO | 20999 | 09/30/2013 | 2 |
| 0285337622-01 | A.J. | Ksenia Pavlova DO | 20553 | 08/27/2013 | 1 |
| 0285337622-01 | A.J. | Ksenia Pavlova DO | 20999 | 08/27/2013 | 2 |
| 0286190004-02 | A.S. | Ksenia Pavlova DO | 20553 | 07/18/2013 | 1 |
| 0286190004-02 | A.S. | Ksenia Pavlova DO | 20999 | 07/18/2013 | 2 |
| 0286190004-02 | A.S. | Ksenia Pavlova DO | 20553 | 08/06/2013 | 1 |
| 0286190004-02 | A.S. | Ksenia Pavlova DO | 20999 | 08/06/2013 | 2 |
| 0286190004-02 | A.S. | Ksenia Pavlova DO | 20553 | 08/13/2013 | 1 |
| 0286190004-02 | A.S. | Ksenia Pavlova DO | 20999 | 08/13/2013 | 2 |
| 0286970512-02 | C.H. | Ksenia Pavlova DO | 20553 | 08/29/2013 | 1 |
| 0286970512-02 | C.H. | Ksenia Pavlova DO | 20999 | 08/29/2013 | 2 |
| 0287540454-01 | J.R. | Ksenia Pavlova DO | 20553 | 07/01/2013 | 1 |
| 0287540454-01 | J.R. | Ksenia Pavlova DO | 20999 | 07/01/2013 | 2 |
| 0287540454-01 | J.R. | Ksenia Pavlova DO | 20553 | 07/29/2013 | 1 |
| 0287540454-01 | J.R. | Ksenia Pavlova DO | 20999 | 07/29/2013 | 2 |
| 0289515321-01 | L.A. | Ksenia Pavlova DO | 20553 | 07/01/2013 | 1 |
| 0289515321-01 | L.A. | Ksenia Pavlova DO | 20999 | 07/01/2013 | 2 |
| 0289515321-02 | V.P. | Ksenia Pavlova DO | 20553 | 07/01/2013 | 1 |
| 0289515321-02 | V.P. | Ksenia Pavlova DO | 20999 | 07/01/2013 | 2 |
| 0289515321-02 | V.P. | Ksenia Pavlova DO | 20553 | 07/29/2013 | 1 |
| 0289515321-02 | V.P. | Ksenia Pavlova DO | 20999 | 07/29/2013 | 2 |
| 0289515321-02 | V.P. | Ksenia Pavlova DO | 20553 | 08/12/2013 | 1 |
| 0289515321-02 | V.P. | Ksenia Pavlova DO | 20999 | 08/12/2013 | 2 |
| 0289515321-02 | V.P. | Ksenia Pavlova DO | 20553 | 09/12/2013 | 1 |
| 0289515321-02 | V.P. | Ksenia Pavlova DO | 20999 | 09/12/2013 | 2 |
| 0289804584-01 | M.S. | Ksenia Pavlova DO | 20553 | 07/15/2013 | 1 |
| 0289804584-01 | M.S. | Ksenia Pavlova DO | 20999 | 07/15/2013 | 2 |

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Trigger Point Injections and Dry Needling
under Billing Codes 20552, 20553 and 20999</p> | | | | | |
|--|--------------------------|-------------------|--------------------------|-------------------------|-------------------|
| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
| 0289804584-01 | M.S. | Ksenia Pavlova DO | 20553 | 09/05/2013 | 1 |
| 0289804584-01 | M.S. | Ksenia Pavlova DO | 20999 | 09/05/2013 | 2 |
| 0291039501-01 | C.R. | Ksenia Pavlova DO | 20553 | 06/28/2013 | 1 |
| 0291039501-01 | C.R. | Ksenia Pavlova DO | 20999 | 06/28/2013 | 1 |
| 0291039501-01 | C.R. | Ksenia Pavlova DO | 20553 | 07/08/2013 | 1 |
| 0291039501-01 | C.R. | Ksenia Pavlova DO | 20999 | 07/08/2013 | 2 |
| 0291039501-01 | C.R. | Ksenia Pavlova DO | 20553 | 08/05/2013 | 1 |
| 0291039501-01 | C.R. | Ksenia Pavlova DO | 20999 | 08/05/2013 | 2 |
| 0291039501-01 | C.R. | Ksenia Pavlova DO | 20553 | 08/19/2013 | 1 |
| 0291039501-01 | C.R. | Ksenia Pavlova DO | 20999 | 08/19/2013 | 2 |
| 0291039501-01 | C.R. | Ksenia Pavlova DO | 20553 | 10/08/2013 | 1 |
| 0291039501-01 | C.R. | Ksenia Pavlova DO | 20999 | 10/08/2013 | 2 |
| 0291039501-01 | C.R. | Ksenia Pavlova DO | 20553 | 10/22/2013 | 1 |
| 0291039501-01 | C.R. | Ksenia Pavlova DO | 20999 | 10/22/2013 | 2 |
| 0291588705-02 | A.P. | Ksenia Pavlova DO | 20553 | 07/12/2013 | 1 |
| 0291588705-02 | A.P. | Ksenia Pavlova DO | 20999 | 07/12/2013 | 2 |
| 0291588705-02 | A.P. | Ksenia Pavlova DO | 20553 | 07/15/2013 | 1 |
| 0291588705-02 | A.P. | Ksenia Pavlova DO | 20999 | 07/15/2013 | 2 |
| 0291588705-02 | A.P. | Ksenia Pavlova DO | 20553 | 08/12/2013 | 1 |
| 0291588705-02 | A.P. | Ksenia Pavlova DO | 20999 | 08/12/2013 | 2 |
| 0293324331-02 | D.M. | Ksenia Pavlova DO | 20553 | 09/03/2013 | 1 |
| 0293324331-02 | D.M. | Ksenia Pavlova DO | 20999 | 09/03/2013 | 2 |
| 0293909230-02 | J.B. | Ksenia Pavlova DO | 20553 | 07/26/2013 | 1 |
| 0293909230-02 | J.B. | Ksenia Pavlova DO | 20999 | 07/26/2013 | 2 |
| 0293909230-06 | T.D. | Ksenia Pavlova DO | 20553 | 07/26/2013 | 1 |
| 0293909230-06 | T.D. | Ksenia Pavlova DO | 20999 | 07/26/2013 | 2 |
| 0294030985-02 | C.B. | Ksenia Pavlova DO | 20553 | 08/07/2013 | 1 |
| 0294030985-02 | C.B. | Ksenia Pavlova DO | 20999 | 08/07/2013 | 2 |
| 0294124474-04 | J.M. | Ksenia Pavlova DO | 20553 | 08/13/2013 | 1 |
| 0294124474-04 | J.M. | Ksenia Pavlova DO | 20999 | 08/13/2013 | 2 |
| 0294866694-01 | J.B. | Ksenia Pavlova DO | 20553 | 09/19/2013 | 1 |
| 0294866694-01 | J.B. | Ksenia Pavlova DO | 20999 | 09/19/2013 | 2 |
| 0294889332-02 | F.B. | Ksenia Pavlova DO | 20553 | 07/26/2013 | 1 |
| 0294889332-02 | F.B. | Ksenia Pavlova DO | 20999 | 07/26/2013 | 2 |
| 0295392310-02 | A.S. | Ksenia Pavlova DO | 20553 | 12/03/2013 | 1 |
| 0295392310-02 | A.S. | Ksenia Pavlova DO | 20999 | 12/03/2013 | 2 |
| 0295851943-01 | J.S. | Ksenia Pavlova DO | 20553 | 08/19/2013 | 1 |
| 0295851943-01 | J.S. | Ksenia Pavlova DO | 20999 | 08/19/2013 | 2 |
| 0297724700-06 | G.F. | Ksenia Pavlova DO | 20553 | 09/19/2013 | 1 |
| 0297724700-06 | G.F. | Ksenia Pavlova DO | 20999 | 09/19/2013 | 2 |
| 0297724700-06 | G.F. | Ksenia Pavlova DO | 20553 | 10/22/2013 | 1 |

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Trigger Point Injections and Dry Needling
under Billing Codes 20552, 20553 and 20999</p> | | | | | |
|--|--------------------------|-------------------|--------------------------|-------------------------|-------------------|
| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
| 0297724700-06 | G.F. | Ksenia Pavlova DO | 20999 | 10/22/2013 | 2 |
| 0298235276-02 | P.A. | Ksenia Pavlova DO | 20553 | 09/05/2013 | 1 |
| 0298235276-02 | P.A. | Ksenia Pavlova DO | 20999 | 09/05/2013 | 1 |
| 0298350612-01 | N.P. | Ksenia Pavlova DO | 20553 | 09/03/2013 | 1 |
| 0298350612-01 | N.P. | Ksenia Pavlova DO | 20999 | 09/03/2013 | 2 |
| 0298915281-02 | J.T. | Ksenia Pavlova DO | 20553 | 10/17/2013 | 1 |
| 0298915281-02 | J.T. | Ksenia Pavlova DO | 20999 | 10/17/2013 | 2 |
| 0298915281-02 | J.T. | Ksenia Pavlova DO | 20553 | 11/07/2013 | 1 |
| 0298915281-02 | J.T. | Ksenia Pavlova DO | 20999 | 11/07/2013 | 2 |
| 0299585850-02 | L.G. | Ksenia Pavlova DO | 20553 | 09/03/2013 | 1 |
| 0299585850-02 | L.G. | Ksenia Pavlova DO | 20999 | 09/03/2013 | 2 |
| 0299585850-02 | L.G. | Ksenia Pavlova DO | 20553 | 12/06/2013 | 1 |
| 0299585850-02 | L.G. | Ksenia Pavlova DO | 20999 | 12/06/2013 | 2 |
| 0300460441-02 | K.S. | Ksenia Pavlova DO | 20553 | 10/22/2013 | 1 |
| 0300460441-02 | K.S. | Ksenia Pavlova DO | 20999 | 10/22/2013 | 2 |
| 0300460441-02 | K.S. | Ksenia Pavlova DO | 20553 | 12/10/2013 | 1 |
| 0300460441-02 | K.S. | Ksenia Pavlova DO | 20999 | 12/10/2013 | 2 |
| 0302107560-01 | M.J. | Ksenia Pavlova DO | 20553 | 12/11/2013 | 1 |
| 0302107560-01 | M.J. | Ksenia Pavlova DO | 20999 | 12/11/2013 | 2 |
| 0302571708-01 | N.N. | Ksenia Pavlova DO | 20553 | 10/31/2013 | 1 |
| 0302571708-01 | N.N. | Ksenia Pavlova DO | 20999 | 10/31/2013 | 2 |
| 0303041388-02 | D.M. | Ksenia Pavlova DO | 20553 | 10/29/2013 | 1 |
| 0303041388-02 | D.M. | Ksenia Pavlova DO | 20999 | 10/29/2013 | 2 |
| 0303041388-02 | D.M. | Ksenia Pavlova DO | 20553 | 02/06/2014 | 1 |
| 0303041388-02 | D.M. | Ksenia Pavlova DO | 20999 | 02/06/2014 | 2 |
| 0303835698-02 | R.J. | Ksenia Pavlova DO | 20553 | 10/22/2013 | 1 |
| 0303835698-02 | R.J. | Ksenia Pavlova DO | 20999 | 10/22/2013 | 2 |
| 0303835698-03 | J.F. | Ksenia Pavlova DO | 20553 | 11/12/2013 | 1 |
| 0303835698-03 | J.F. | Ksenia Pavlova DO | 20999 | 11/12/2013 | 2 |
| 0303835698-03 | J.F. | Ksenia Pavlova DO | 20553 | 12/19/2013 | 1 |
| 0303835698-03 | J.F. | Ksenia Pavlova DO | 20999 | 12/19/2013 | 2 |
| 0303835698-04 | J.R. | Ksenia Pavlova DO | 20553 | 10/15/2013 | 1 |
| 0303835698-04 | J.R. | Ksenia Pavlova DO | 20999 | 10/15/2013 | 2 |
| 0303835698-04 | J.R. | Ksenia Pavlova DO | 20553 | 11/05/2013 | 1 |
| 0303835698-04 | J.R. | Ksenia Pavlova DO | 20999 | 11/05/2013 | 2 |
| 0304067465-02 | R.L. | Ksenia Pavlova DO | 20553 | 10/29/2013 | 1 |
| 0304067465-02 | R.L. | Ksenia Pavlova DO | 20999 | 10/29/2013 | 2 |
| 0304067465-02 | R.L. | Ksenia Pavlova DO | 20553 | 11/19/2013 | 1 |
| 0304067465-02 | R.L. | Ksenia Pavlova DO | 20999 | 11/19/2013 | 2 |
| 0304262934-01 | K.A. | Ksenia Pavlova DO | 20553 | 11/26/2013 | 1 |
| 0304262934-01 | K.A. | Ksenia Pavlova DO | 20999 | 11/26/2013 | 2 |

Allstate Ins. Co., et al. v. Rybak, et al.
**Representative Sample of Fraudulent Claims for Trigger Point Injections and Dry Needling
under Billing Codes 20552, 20553 and 20999**

| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
|---------------|-------------------|---------------------|-------------------|------------------|------------|
| 0304262934-06 | C.W. | Ksenia Pavlova DO | 20553 | 11/18/2013 | 1 |
| 0304262934-06 | C.W. | Ksenia Pavlova DO | 20999 | 11/18/2013 | 2 |
| 0304716061-01 | R.C. | Ksenia Pavlova DO | 20553 | 11/05/2013 | 1 |
| 0304716061-01 | R.C. | Ksenia Pavlova DO | 20999 | 11/05/2013 | 2 |
| 0304716061-01 | R.C. | Ksenia Pavlova DO | 20553 | 11/19/2013 | 1 |
| 0304716061-01 | R.C. | Ksenia Pavlova DO | 20999 | 11/19/2013 | 2 |
| 0306824244-08 | S.T. | Ksenia Pavlova DO | 20553 | 11/15/2013 | 1 |
| 0306824244-08 | S.T. | Ksenia Pavlova DO | 20999 | 11/15/2013 | 2 |
| 0306824244-08 | S.T. | Ksenia Pavlova DO | 20553 | 03/13/2014 | 1 |
| 0306824244-08 | S.T. | Ksenia Pavlova DO | 20999 | 03/13/2014 | 2 |
| 0314369836-01 | K.E. | Ksenia Pavlova DO | 20553 | 05/22/2014 | 1 |
| 0314369836-01 | K.E. | Ksenia Pavlova DO | 20999 | 05/22/2014 | 2 |
| 0320476492-01 | G.M. | Ksenia Pavlova DO | 20553 | 05/12/2014 | 1 |
| 0320476492-01 | G.M. | Ksenia Pavlova DO | 20999 | 05/12/2014 | 2 |
| 0362861601-01 | P.A. | Ksenia Pavlova DO | 20553 | 04/09/2015 | 1 |
| 0362861601-01 | P.A. | Ksenia Pavlova DO | 20999 | 04/09/2015 | 2 |
| 0362861601-01 | P.A. | Ksenia Pavlova DO | 20553 | 05/14/2015 | 1 |
| 0362861601-01 | P.A. | Ksenia Pavlova DO | 20999 | 05/14/2015 | 2 |
| 0362861601-02 | Y.A. | Ksenia Pavlova DO | 20553 | 04/09/2015 | 1 |
| 0362861601-02 | Y.A. | Ksenia Pavlova DO | 20999 | 04/09/2015 | 2 |
| 0368003091-06 | E.J. | Ksenia Pavlova DO | 20553 | 10/21/2015 | 1 |
| 0368003091-06 | E.J. | Ksenia Pavlova DO | 20999 | 10/21/2015 | 2 |
| 0376459327-01 | R.G. | Ksenia Pavlova DO | 20553 | 07/31/2015 | 1 |
| 0376459327-01 | R.G. | Ksenia Pavlova DO | 20999 | 07/31/2015 | 2 |
| 0377476239-01 | L.C. | Ksenia Pavlova DO | 20553 | 07/31/2015 | 1 |
| 0377476239-01 | L.C. | Ksenia Pavlova DO | 20999 | 07/31/2015 | 3 |
| 0344451562-01 | M.J. | PFJ Medical Care PC | 20553 | 08/02/2016 | 1 |
| 0344451562-01 | M.J. | PFJ Medical Care PC | 20999 | 08/02/2016 | 2 |
| 0344451562-01 | M.J. | PFJ Medical Care PC | 20553 | 09/27/2016 | 1 |
| 0344451562-01 | M.J. | PFJ Medical Care PC | 20999 | 09/27/2016 | 2 |
| 0371795286-01 | M.R. | PFJ Medical Care PC | 20553 | 07/07/2016 | 1 |
| 0371795286-01 | M.R. | PFJ Medical Care PC | 20999 | 07/07/2016 | 2 |
| 0371795286-01 | M.R. | PFJ Medical Care PC | 20553 | 07/27/2016 | 1 |
| 0371795286-01 | M.R. | PFJ Medical Care PC | 20999 | 07/27/2016 | 2 |
| 0371795286-01 | M.R. | PFJ Medical Care PC | 20553 | 08/18/2016 | 1 |
| 0371795286-01 | M.R. | PFJ Medical Care PC | 20999 | 08/18/2016 | 2 |
| 0371795286-01 | M.R. | PFJ Medical Care PC | 20553 | 09/07/2016 | 1 |
| 0371795286-01 | M.R. | PFJ Medical Care PC | 20999 | 09/07/2016 | 2 |
| 0371795286-01 | M.R. | PFJ Medical Care PC | 20553 | 09/21/2016 | 1 |
| 0371795286-01 | M.R. | PFJ Medical Care PC | 20999 | 09/21/2016 | 2 |
| 0393526215-02 | J.P. | PFJ Medical Care PC | 20553 | 06/15/2016 | 1 |

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Trigger Point Injections and Dry Needling
under Billing Codes 20552, 20553 and 20999</p> | | | | | |
|--|------------------------------|------------------------|----------------------------------|-----------------------------|-----------------------|
| Claim No. | Claimant
Initials | Provider | Billing
Code
Used | Dates of
Service | # of
Units |
| 0393526215-02 | J.P. | PFJ Medical Care PC | 20999 | 06/15/2016 | 2 |
| 0400879102-01 | L.C. | PFJ Medical Care PC | 20553 | 06/01/2016 | 1 |
| 0400879102-01 | L.C. | PFJ Medical Care PC | 20999 | 06/01/2016 | 2 |
| 0400879102-01 | L.C. | PFJ Medical Care PC | 20553 | 07/20/2016 | 1 |
| 0400879102-01 | L.C. | PFJ Medical Care PC | 20999 | 07/20/2016 | 2 |
| 0405231143-01 | C.A. | PFJ Medical Care PC | 20553 | 09/16/2016 | 1 |
| 0405231143-01 | C.A. | PFJ Medical Care PC | 20999 | 09/16/2016 | 2 |
| 0406090035-01 | W.W. | PFJ Medical Care PC | 20553 | 06/29/2016 | 1 |
| 0406090035-01 | W.W. | PFJ Medical Care PC | 20999 | 06/29/2016 | 2 |
| 0413937953-02 | B.W. | PFJ Medical Care PC | 20553 | 08/01/2016 | 1 |
| 0413937953-02 | B.W. | PFJ Medical Care PC | 20999 | 08/01/2016 | 2 |
| 0417465200-01 | D.G. | PFJ Medical Care PC | 20999 | 06/22/2016 | 2 |
| 0417465200-05 | D.R. | PFJ Medical Care PC | 20999 | 06/22/2016 | 2 |
| 0418830014-04 | S.C. | PFJ Medical Care PC | 20553 | 08/01/2016 | 1 |
| 0418830014-04 | S.C. | PFJ Medical Care PC | 20999 | 08/01/2016 | 2 |
| 0420467748-01 | D.E. | PFJ Medical Care PC | 20553 | 09/06/2016 | 1 |
| 0420467748-01 | D.E. | PFJ Medical Care PC | 20999 | 09/06/2016 | 2 |
| 0420467748-02 | L.H. | PFJ Medical Care PC | 20553 | 08/30/2016 | 1 |
| 0420467748-02 | L.H. | PFJ Medical Care PC | 20999 | 08/30/2016 | 2 |
| 0422413260-02 | N.R. | PFJ Medical Care PC | 20553 | 08/02/2016 | 1 |
| 0422413260-02 | N.R. | PFJ Medical Care PC | 20999 | 08/02/2016 | 2 |
| 0422413260-02 | N.R. | PFJ Medical Care PC | 20553 | 08/23/2016 | 1 |
| 0422413260-02 | N.R. | PFJ Medical Care PC | 20999 | 08/23/2016 | 2 |
| 0423921162-09 | F.C. | PFJ Medical Care PC | 20553 | 08/31/2016 | 1 |
| 0423921162-09 | F.C. | PFJ Medical Care PC | 20999 | 08/31/2016 | 2 |
| 0427219795-03 | J.B. | PFJ Medical Care PC | 20553 | 09/13/2016 | 1 |
| 0427219795-03 | J.B. | PFJ Medical Care PC | 20999 | 09/13/2016 | 2 |
| 0427219795-03 | J.B. | PFJ Medical Care PC | 20553 | 09/20/2016 | 1 |
| 0427219795-03 | J.B. | PFJ Medical Care PC | 20999 | 09/20/2016 | 2 |
| 0376459327-01 | R.G. | RA Medical Services PC | 20553 | 01/13/2016 | 1 |
| 0376459327-01 | R.G. | RA Medical Services PC | 20999 | 01/13/2016 | 2 |
| 0377476239-01 | L.C. | RA Medical Services PC | 20553 | 11/11/2015 | 1 |
| 0377476239-01 | L.C. | RA Medical Services PC | 20999 | 11/11/2015 | 2 |
| 0388249740-02 | M.B. | RA Medical Services PC | 20553 | 11/10/2015 | 1 |
| 0388249740-02 | M.B. | RA Medical Services PC | 20999 | 11/10/2015 | 2 |
| 0390737807-02 | S.P. | RA Medical Services PC | 20553 | 02/01/2016 | 1 |
| 0390737807-02 | S.P. | RA Medical Services PC | 20999 | 02/01/2016 | 2 |
| 0391445368-01 | B.C. | RA Medical Services PC | 20553 | 01/20/2016 | 1 |
| 0391445368-01 | B.C. | RA Medical Services PC | 20999 | 01/20/2016 | 2 |
| 0391537313-01 | J.C. | RA Medical Services PC | 20553 | 12/09/2015 | 1 |
| 0391537313-01 | J.C. | RA Medical Services PC | 20999 | 12/09/2015 | 2 |

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Trigger Point Injections and Dry Needling
under Billing Codes 20552, 20553 and 20999</p> | | | | | |
|--|------------------------------|----------------------------------|----------------------------------|-----------------------------|-----------------------|
| Claim No. | Claimant
Initials | Provider | Billing
Code
Used | Dates of
Service | # of
Units |
| 0391674355-01 | A.F. | RA Medical Services PC | 20553 | 12/01/2015 | 1 |
| 0391674355-01 | A.F. | RA Medical Services PC | 20999 | 12/01/2015 | 2 |
| 0391674355-01 | A.F. | RA Medical Services PC | 20553 | 12/21/2015 | 1 |
| 0391674355-01 | A.F. | RA Medical Services PC | 20999 | 12/21/2015 | 2 |
| 0391674355-01 | A.F. | RA Medical Services PC | 20553 | 02/09/2016 | 1 |
| 0391674355-01 | A.F. | RA Medical Services PC | 20999 | 02/09/2016 | 2 |
| 0394803431-02 | A.D. | RA Medical Services PC | 20553 | 02/02/2016 | 1 |
| 0394803431-02 | A.D. | RA Medical Services PC | 20999 | 02/02/2016 | 2 |
| 0394803431-02 | A.D. | RA Medical Services PC | 20553 | 02/09/2016 | 1 |
| 0394803431-02 | A.D. | RA Medical Services PC | 20999 | 02/09/2016 | 2 |
| 0397246497-01 | S.M. | RA Medical Services PC | 20553 | 12/15/2015 | 1 |
| 0397246497-01 | S.M. | RA Medical Services PC | 20999 | 12/15/2015 | 2 |
| 0397246497-01 | S.M. | RA Medical Services PC | 20553 | 01/05/2016 | 1 |
| 0397246497-01 | S.M. | RA Medical Services PC | 20999 | 01/05/2016 | 2 |
| 0397246497-01 | S.M. | RA Medical Services PC | 20553 | 01/19/2016 | 1 |
| 0397246497-01 | S.M. | RA Medical Services PC | 20999 | 01/19/2016 | 2 |
| 0398385996-02 | F.P. | RA Medical Services PC | 20553 | 01/15/2016 | 1 |
| 0398385996-02 | F.P. | RA Medical Services PC | 20999 | 01/15/2016 | 2 |
| 0405235540-01 | K.W. | RA Medical Services PC | 20553 | 03/23/2016 | 1 |
| 0405235540-01 | K.W. | RA Medical Services PC | 20999 | 03/23/2016 | 2 |
| 0405581117-01 | C.K. | RA Medical Services PC | 20553 | 03/16/2016 | 1 |
| 0405581117-01 | C.K. | RA Medical Services PC | 20999 | 03/16/2016 | 2 |
| 0405581117-01 | C.K. | RA Medical Services PC | 20553 | 04/13/2016 | 1 |
| 0405581117-01 | C.K. | RA Medical Services PC | 20999 | 04/13/2016 | 2 |
| 0407146448-02 | M.J. | RA Medical Services PC | 20553 | 03/24/2016 | 1 |
| 0407146448-02 | M.J. | RA Medical Services PC | 20999 | 03/24/2016 | 2 |
| 0407146448-02 | M.J. | RA Medical Services PC | 20553 | 04/13/2016 | 1 |
| 0407146448-02 | M.J. | RA Medical Services PC | 20999 | 04/13/2016 | 2 |
| 0416039170-02 | S.P. | RA Medical Services PC | 20553 | 06/10/2016 | 1 |
| 0416039170-02 | S.P. | RA Medical Services PC | 20999 | 06/10/2016 | 2 |
| 0500741186-02 | V.G. | Strategic Medical Initiatives PC | 20553 | 07/26/2018 | 1 |
| 0500741186-02 | V.G. | Strategic Medical Initiatives PC | 20999 | 07/26/2018 | 2 |

EXHIBIT “24”

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Dry Needling under Billing Code 20999</p> | | | | | |
|---|--------------------------|---------------------------|--------------------------|-------------------------|-------------------|
| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
| 0376459327-01 | R.G. | Allay Medical Services PC | 20999 | 08/24/2015 | 2 |
| 0376459327-01 | R.G. | Allay Medical Services PC | 20999 | 11/19/2015 | 2 |
| 0386951981-02 | T.U. | Allay Medical Services PC | 20999 | 10/13/2015 | 2 |
| 0388149213-04 | M.C. | Allay Medical Services PC | 20999 | 10/27/2015 | 2 |
| 0391142502-07 | A.F. | Allay Medical Services PC | 20999 | 11/09/2015 | 2 |
| 0391142502-07 | A.F. | Allay Medical Services PC | 20999 | 11/16/2015 | 2 |
| 0342499539-01 | J.R. | Francis Joseph Lacina MD | 20999 | 01/19/2015 | 2 |
| 0448810002-02 | D.W. | JFL Medical Care PC | 20999 | 05/24/2017 | 2 |
| 0559511448-02 | M.D. | JP Medical Services PC | 20999 | 12/17/2019 | 2 |
| 0563379072-01 | B.L. | JP Medical Services PC | 20999 | 12/10/2019 | 2 |
| 0563379072-01 | B.L. | JP Medical Services PC | 20999 | 01/23/2020 | 2 |
| 0567765565-06 | M.F. | JP Medical Services PC | 20999 | 12/26/2019 | 2 |
| 0568456115-02 | K.M. | JP Medical Services PC | 20999 | 11/27/2019 | 2 |
| 0568456115-02 | K.M. | JP Medical Services PC | 20999 | 12/04/2019 | 2 |
| 0568456115-02 | K.M. | JP Medical Services PC | 20999 | 12/10/2019 | 2 |
| 0367613387-01 | T.G. | JPF Medical Services PC | 20999 | 10/25/2016 | 2 |
| 0367613387-01 | T.G. | JPF Medical Services PC | 20999 | 11/01/2016 | 2 |
| 0434196456-02 | J.R. | JPF Medical Services PC | 20999 | 01/31/2017 | 2 |
| 0434196456-02 | J.R. | JPF Medical Services PC | 20999 | 02/07/2017 | 2 |
| 0437838963-01 | Y.R. | JPF Medical Services PC | 20999 | 11/29/2016 | 2 |
| 0438482951-01 | J.B. | JPF Medical Services PC | 20999 | 02/07/2017 | 2 |
| 0568456115-02 | K.M. | Jules Medical PC | 20999 | 02/17/2020 | 2 |
| 0571444520-07 | K.J. | Jules Medical PC | 20999 | 02/25/2020 | 2 |
| 0575785381-03 | K.C. | Jules Medical PC | 20999 | 01/29/2020 | 2 |
| 0575785381-07 | J.T. | Jules Medical PC | 20999 | 01/29/2020 | 2 |
| 0431774421-03 | D.S. | KP Medical Care PC | 20999 | 12/12/2016 | 2 |
| 0286190004-02 | A.S. | Ksenia Pavlova DO | 20999 | 08/06/2013 | 2 |
| 0287540454-01 | J.R. | Ksenia Pavlova DO | 20999 | 07/01/2013 | 2 |
| 0287540454-01 | J.R. | Ksenia Pavlova DO | 20999 | 07/29/2013 | 2 |
| 0289515321-01 | L.A. | Ksenia Pavlova DO | 20999 | 07/01/2013 | 2 |
| 0289515321-01 | L.A. | Ksenia Pavlova DO | 20999 | 07/01/2013 | 2 |
| 0289804584-01 | M.S. | Ksenia Pavlova DO | 20999 | 07/15/2013 | 2 |
| 0289804584-01 | M.S. | Ksenia Pavlova DO | 20999 | 09/05/2013 | 2 |
| 0291039501-01 | C.R. | Ksenia Pavlova DO | 20999 | 08/05/2013 | 2 |
| 0291588705-02 | A.P. | Ksenia Pavlova DO | 20999 | 07/12/2013 | 2 |
| 0291588705-02 | A.P. | Ksenia Pavlova DO | 20999 | 07/15/2013 | 2 |
| 0294866694-01 | J.B. | Ksenia Pavlova DO | 20999 | 09/19/2013 | 2 |
| 0299585850-02 | L.G. | Ksenia Pavlova DO | 20999 | 09/03/2013 | 2 |
| 0299585850-02 | L.G. | Ksenia Pavlova DO | 20999 | 12/06/2013 | 2 |
| 0303835698-02 | R.J. | Ksenia Pavlova DO | 20999 | 10/22/2013 | 2 |
| 0303835698-03 | J.F. | Ksenia Pavlova DO | 20999 | 12/19/2013 | 2 |
| 0303835698-04 | J.R. | Ksenia Pavlova DO | 20999 | 10/15/2013 | 2 |

| <p><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p>Representative Sample of Fraudulent Claims for Dry Needling under Billing Code 20999</p> | | | | | |
|---|--------------------------|------------------------|--------------------------|-------------------------|-------------------|
| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
| 0304262934-01 | K.A. | Ksenia Pavlova DO | 20999 | 11/26/2013 | 2 |
| 0304262934-06 | C.W. | Ksenia Pavlova DO | 20999 | 11/18/2013 | 2 |
| 0362861601-01 | P.A. | Ksenia Pavlova DO | 20999 | 04/09/2015 | 2 |
| 0362861601-01 | P.A. | Ksenia Pavlova DO | 20999 | 05/14/2015 | 2 |
| 0362861601-02 | Y.A. | Ksenia Pavlova DO | 20999 | 04/09/2015 | 2 |
| 0406090035-01 | W.W. | PFJ Medical Care PC | 20999 | 06/29/2016 | 2 |
| 0420467748-01 | D.E. | PFJ Medical Care PC | 20999 | 09/06/2016 | 2 |
| 0391537313-01 | J.C. | RA Medical Services PC | 20999 | 05/31/2016 | 2 |
| 0405581117-01 | C.K. | RA Medical Services PC | 20999 | 03/16/2016 | 2 |
| 0405581117-01 | C.K. | RA Medical Services PC | 20999 | 04/13/2016 | 2 |

EXHIBIT “25”

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Ultrasonic Guidance under Billing Code 76942</p> | | | | | |
|--|--------------------------|---------------------------|--------------------------|-------------------------|-------------------|
| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
| 0374512275-02 | B.S. | Allay Medical Services PC | 76942 | 12/03/2015 | 1 |
| 0380809228-02 | C.A. | Allay Medical Services PC | 76942 | 12/22/2015 | 1 |
| 0413937953-02 | B.W. | FJL Medical Services PC | 76942 | 09/26/2016 | 1 |
| 0423203900-01 | R.D. | FJL Medical Services PC | 76942 | 09/07/2016 | 1 |
| 0430328526-03 | N.Y. | FJL Medical Services PC | 76942 | 11/21/2016 | 1 |
| 0430768903-01 | J.M. | FJL Medical Services PC | 76942 | 10/05/2016 | 1 |
| 0430768903-02 | C.C. | FJL Medical Services PC | 76942 | 10/05/2016 | 1 |
| 0431774421-02 | P.C. | FJL Medical Services PC | 76942 | 10/12/2016 | 1 |
| 0431774421-03 | D.S. | FJL Medical Services PC | 76942 | 10/12/2016 | 1 |
| 0431774421-03 | D.S. | FJL Medical Services PC | 76942 | 10/26/2016 | 1 |
| 0431774421-03 | D.S. | FJL Medical Services PC | 76942 | 11/16/2016 | 1 |
| 0431774421-04 | M.J. | FJL Medical Services PC | 76942 | 10/12/2016 | 1 |
| 0431774421-05 | M.T. | FJL Medical Services PC | 76942 | 10/12/2016 | 1 |
| 0431774421-05 | M.T. | FJL Medical Services PC | 76942 | 11/01/2016 | 1 |
| 0434546750-11 | E.I. | FJL Medical Services PC | 76942 | 11/04/2016 | 1 |
| 0434704607-02 | L.S. | FJL Medical Services PC | 76942 | 11/02/2016 | 1 |
| 0434704607-09 | D.T. | FJL Medical Services PC | 76942 | 11/08/2016 | 1 |
| 0462711755-01 | D.L. | FJL Medical Services PC | 76942 | 07/20/2017 | 1 |
| 0462711755-07 | E.S. | FJL Medical Services PC | 76942 | 07/20/2017 | 1 |
| 0462711755-08 | R.P. | FJL Medical Services PC | 76942 | 07/20/2017 | 1 |
| 0342499539-01 | J.R. | Francis Joseph Lacina MD | 76942 | 01/19/2015 | 1 |
| 0398385996-02 | F.P. | Francis Joseph Lacina MD | 76942 | 01/15/2016 | 1 |
| 0430768903-01 | J.M. | JFL Medical Care PC | 76942 | 12/14/2016 | 1 |
| 0431774421-03 | D.S. | JFL Medical Care PC | 76942 | 12/16/2016 | 1 |
| 0431774421-03 | D.S. | JFL Medical Care PC | 76942 | 12/16/2016 | 1 |
| 0431774421-03 | D.S. | JFL Medical Care PC | 76942 | 12/16/2016 | 1 |
| 0431774421-04 | M.J. | JFL Medical Care PC | 76942 | 02/01/2017 | 1 |
| 0434704607-02 | L.S. | JFL Medical Care PC | 76942 | 12/20/2016 | 1 |
| 0440453512-01 | C.W. | JFL Medical Care PC | 76942 | 01/25/2017 | 1 |
| 0440453512-01 | C.W. | JFL Medical Care PC | 76942 | 12/27/2016 | 1 |
| 0440453512-01 | C.W. | JFL Medical Care PC | 76942 | 01/05/2017 | 1 |
| 0440453512-01 | C.W. | JFL Medical Care PC | 76942 | 02/15/2017 | 1 |
| 0440453512-01 | C.W. | JFL Medical Care PC | 76942 | 02/22/2017 | 1 |
| 0440453512-01 | C.W. | JFL Medical Care PC | 76942 | 03/01/2017 | 1 |
| 0440453512-01 | C.W. | JFL Medical Care PC | 76942 | 03/22/2017 | 1 |
| 0440453512-01 | C.W. | JFL Medical Care PC | 76942 | 03/29/2017 | 1 |
| 0446478414-02 | B.M. | JFL Medical Care PC | 76942 | 03/15/2017 | 1 |
| 0448810002-02 | D.W. | JFL Medical Care PC | 76942 | 03/30/2017 | 1 |
| 0448810002-02 | D.W. | JFL Medical Care PC | 76942 | 05/24/2017 | 1 |
| 0448810002-02 | D.W. | JFL Medical Care PC | 76942 | 06/13/2017 | 1 |
| 0449850220-02 | K.L. | JFL Medical Care PC | 76942 | 05/17/2017 | 1 |
| 0478186786-08 | S.P. | JFL Medical Care PC | 76942 | 11/30/2017 | 1 |

| <p align="center"><i>Allstate Ins. Co., et al. v. Rybak, et al.</i></p> <p align="center">Representative Sample of Fraudulent Claims for Ultrasonic Guidance under Billing Code 76942</p> | | | | | |
|--|--------------------------|-------------------------|--------------------------|-------------------------|-------------------|
| Claim No. | Claimant Initials | Provider | Billing Code Used | Dates of Service | # of Units |
| 0431774421-04 | M.J. | JPF Medical Services PC | 76942 | 10/07/2016 | 1 |
| 0431774421-05 | M.T. | JPF Medical Services PC | 76942 | 10/07/2016 | 1 |
| 0380809228-02 | C.A. | Ksenia Pavlova DO | 76942 | 09/22/2015 | 1 |
| 0376459327-01 | R.G. | RA Medical Services PC | 76942 | 01/13/2016 | 1 |
| 0377476239-01 | L.C. | RA Medical Services PC | 76942 | 11/11/2015 | 1 |
| 0388249740-02 | M.B. | RA Medical Services PC | 76942 | 11/10/2015 | 1 |
| 0390737807-02 | S.P. | RA Medical Services PC | 76942 | 02/01/2016 | 1 |
| 0391445368-01 | B.C. | RA Medical Services PC | 76942 | 01/20/2016 | 1 |
| 0391537313-01 | J.C. | RA Medical Services PC | 76942 | 05/31/2016 | 1 |
| 0391537313-01 | J.C. | RA Medical Services PC | 76942 | 12/09/2015 | 1 |
| 0391674355-01 | A.F. | RA Medical Services PC | 76942 | 12/01/2015 | 1 |
| 0391674355-01 | A.F. | RA Medical Services PC | 76942 | 12/21/2015 | 1 |
| 0391674355-01 | A.F. | RA Medical Services PC | 76942 | 02/09/2016 | 1 |
| 0393819305-01 | A.C. | RA Medical Services PC | 76942 | 12/23/2015 | 1 |
| 0393819305-01 | A.C. | RA Medical Services PC | 76942 | 01/13/2016 | 1 |
| 0393819305-02 | L.C. | RA Medical Services PC | 76942 | 01/20/2016 | 1 |
| 0394803431-02 | A.D. | RA Medical Services PC | 76942 | 02/02/2016 | 1 |
| 0394803431-02 | A.D. | RA Medical Services PC | 76942 | 02/09/2016 | 1 |
| 0397246497-01 | S.M. | RA Medical Services PC | 76942 | 01/05/2016 | 1 |
| 0397246497-01 | S.M. | RA Medical Services PC | 76942 | 12/15/2015 | 1 |
| 0397246497-01 | S.M. | RA Medical Services PC | 76942 | 01/05/2016 | 1 |
| 0397246497-01 | S.M. | RA Medical Services PC | 76942 | 01/19/2016 | 1 |
| 0398385996-02 | F.P. | RA Medical Services PC | 76942 | 01/15/2016 | 1 |
| 0405235540-01 | K.W. | RA Medical Services PC | 76942 | 03/23/2016 | 1 |
| 0405581117-01 | C.K. | RA Medical Services PC | 76942 | 03/16/2016 | 1 |
| 0405581117-01 | C.K. | RA Medical Services PC | 76942 | 04/13/2016 | 1 |
| 0407146448-02 | M.J. | RA Medical Services PC | 76942 | 03/24/2016 | 1 |
| 0407146448-02 | M.J. | RA Medical Services PC | 76942 | 04/13/2016 | 1 |
| 0413937953-02 | B.W. | RA Medical Services PC | 76942 | 06/27/2016 | 1 |
| 0416039170-02 | S.P. | RA Medical Services PC | 76942 | 06/10/2016 | 1 |